This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

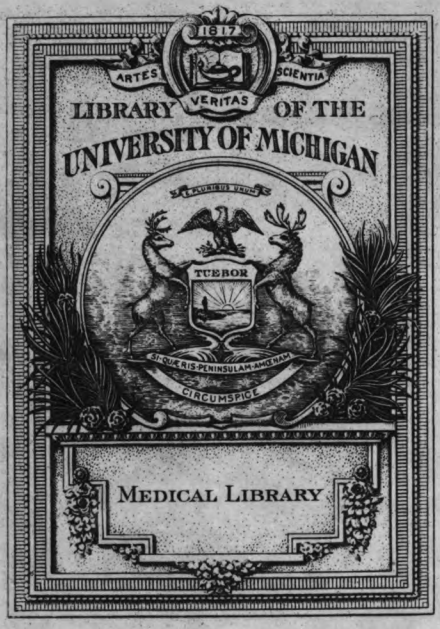
Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`



Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

JAMES SOMERVILLE McLESTER, M. D.,
BIRMINGHAM.
PRESIDENT OF THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.
1919-1920.

UNIV. OF MICH.

Digitized by Google

TRANSACTIONS

OF

THE MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA

(THE STATE BOARD OF HEALTH)

ORGANIZED 1847---RE-ORGANIZED 1868

MEETING OF 1920

ANNISTON, APRIL 20-22

MONTGOMERY, ALA.
THE BROWN PRINTING CO.
1920

Digitized by Google

Digitized by Google

Alabama
Bookfinders
medical
4-29-39

THE MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA

THE MINUTES OF THE MEETING OF 1920

FIRST DAY'S SESSION.

TUESDAY MORNING, APRIL 20, 1920.

The fifty-third annual session of the Medical Association of the State of Alabama met in the Lyric Theatre, at Anniston, on Tuesday morning, April 20, 1920, and was called to order by the President, Dr. James Somerville McLester, of Birmingham, at 9:45.

After the invocation by Rev. S. E. Hodges, Pastor of the First Presbyterian Church of Anniston, Dr. Jerre Watson delivered an

Address of Welcome.

Jerre Watson, M. D., for Calhoun County Medical Society:

Mr. Chairman, Fellow Members of the Alabama Medical Association:

The members of the Calhoun Medical Society would say to you, through me as their spokesman, that they deeply appreciate the privilege of acting as your hosts this day. A genial host always feels a sensation of happiness at the visit of a welcome guest. This happiness is accentuated when the visits of such guests are memorable events that come only with the span of years, as a result of that guest being so busily engaged in great undertakings, or answering the many invitations his unusual popularity brings to him; and such accentuated happiness do we experience today.

Digitized by Google

Thirty-four years ago this society and this city were honored with the presence of this great organization. We are pleased to have you with us again. You come to us from every section of a great State, representative men of a great profession. We expect to derive from your presence among us both pleasure and profit. We shall be profited by having you enrich us from your abundant store of ripe experience, and we shall be profited furthermore by having you bring to us hope and encouragement from your well-springs of great attainments. We shall derive pleasure in the honor of commingling with you as clean men of high ideals and noble purposes.

Mr. Chairman, in a way such a welcome as this to the medical profession of Alabama is unnecessary, for is not Anniston a part of Alabama, and have not you gentlemen in coming to Anniston come only to a part of that which is already your own? And a man needs no formal welcome into his own home.

But we shall have with us men from other states. To these men—the invited guests of this Association—do we extend a special welcome. And I wish to say to them now at the beginning of this meeting that we shall deeply appreciate the messages of help and cheer they shall bring to us. So much we might say by way of formal welcome of the State Medical Association.

I wish to bring to you men this morning, however, a personal welcome. We profoundly appreciate the fact that you have left your professional vocations—your patients—and have put yourselves to the inconvenience of coming to Anniston a day in advance in order that you might be present at this meeting. Therefore, we deeply and personally appreciate the sacrifices that you have made in order to be at this opening session.

As citizens of Anniston, we realize in a way the tremendous advantages that our city shall derive from the presence of this great organization, and we ask you to extend this part of our welcome to those who shall come in today and the other days of this meeting. We want your coming here to make of you enthusiastic friends of the "Model City," that wherever you may go you may tell of her natural endowments and commercial activities.

Digitized by Google

We want you to gaze upon the grandeur of her mountains, the beauty of her sunsets, and feel the balm of her climate. We invite you to see the glare of her furnaces and feel the throb of her commercial activities. Above all, we invite you to commingle with her men of broad vision and achievement; her women, talented and true. In every way do we welcome you—individually, as well as collectively—into our midst. (Applause.)

Address of Welcome.

Mr. C. R. Bell, for Chamber of Commerce:

Mr. President and Gentlemen of the Medical Fraternity of Alabama:

After this splendid welcome address, I feel very much like the little girl who was in school. The teacher asked the boys and girls to draw a picture of what they wanted to be when they were grown up. So the boys and girls got their papers and pencils and began to draw. The teacher noticed one little girl sitting off by herself not doing anything, and she said, "Anna, don't you know what you want to be when you are grown?"

"Yes, ma'am."

"Why don't you draw it?"

"'I can't."

"What do you want to be when you are grown?"

"I want to be married." (Laughter.)

I want to welcome you to the city of Anniston, but after this splendid welcome given you by Dr. Watson, I do not know that I can add anything to it.

It is useless to say that we do deem it a privilege to have a body of men with us representing one of the greatest professions on earth. We know that you men are busy men, and that you have left your homes at great personal sacrifice to come to our city. But we hope that you will be repaid in some small measure by imbibing some of the spirit of our city. Of course we know that some of you gentlemen are from the city of Birmingham and other places in Alabama; but I do not believe you can find, not only in Alabama, but in this great United States, a spirit

Digitized by Google

that can surpass that possessed by the people of Anniston.

It might be of interest to you to know that you are now in a city that is the greatest producer of pipe in the world. We have twelve plants here manufacturing pipe. We have ten plants engaged in the manufacture of cotton goods, which use raw cotton. We have a payroll of something like six million dollars per year. We have the finest climate that can be found anywhere. This water that you drink comes from a spring yielding thirty-three million gallons of water every twenty-four hours. We are only consuming one-tenth of that water. And when I tell you that this water comes from this spring right through pipes without any filtration, you may know what it means; for as the government man who came to examine it stated, the greatest asset that this town had was her wonderful water supply.

But it is not our bank accounts or our industries or our payroll to which we would call your attention; but it is a fact that we have a most splendid citizenship. We have twenty-six churches in this city, so it is not unusual that it should be a town that has fine morals. During the war, with a population of only about fifteen thousand at that time, we had forty thousand soldiers here; and yet with the tremendous pressure that was put upon this town, the picture shows were not open in this city on Sunday. I presume it was almost the only camp city in the United States of which that could be said. So it gives you some idea of our citizenship.

As an example of our spirit, since the first of January three new plants have been established in this city. I remember the first plant in January. There were eleven men on this subscription list. It was to be a plant of $100,000 capitalization—$40,000 common stock and $25,000 preferred stock. These eleven men had subscribed $12,5000 to this preferred stock. It was stated by the man who was carrying this that he had not been asked one single time where the plant would be located!

Now contrast that with the average town of this size, when Jim thinks Bill is into it to get something out of it, and Henry does not want to go into it because John has

Digitized by Google

some trick up his sleeve; and it will show you something about the spirit of this town.

If any of you men were taken to the Chamber of Commerce this morning, stating you wanted a plant in this city, you could be breaking dirt before tomorrow morning. You talk about the Atlanta spirit. We have them pushed off the mat! Selfishness has been eliminated from the commercial life of our city, and everyone is pulling together as a man.

Gentlemen, we are delighted to have you with us, and the old proverbial sign: "If you don't see it, ask for it," holds good; for we can give you almost anything. Possibly I had better be careful about saying we will give you everything; but we will at least substitute for that, good, cold, fine water that hasn't been filtered.

We welcome you to our city. (Applause.)

The President: In behalf of the doctors of Alabama, I want to thank Dr. Watson and Mr. Bell for their greeting, and say we have all looked forward with pleasure to coming here; and I am sure we will be profited by our meeting here, as well as enjoy it.

It is the custom for the President to deliver an Annual Message. One of my friends yesterday was very much disappointed when I told him the length of my message. He said no man who had the dignity of the office at heart would talk for less than two hours, and he had listened to the addresses of several presidents that were two and a half hours! I do not think mine will take over ten minutes.

Digitized by Google

ANNUAL MESSAGE OF THE PRESIDENT.

JAMES SOMERVILLE MCLESTER, BIRMINGHAM.

The one incident of the past year which was of most interest to the Medical Association of the State of Alabama was the meeting of the State Legislature. Our naturally keen interest in the meeting of the body which provides funds for the State's manifold health activities was intensified because of the attack which was made upon the present health laws of the State and upon the bill which provided these funds. This attack, while formidable, was fortunately unsuccessful. The Legislature enacted appropriate health laws and provided approximately a hundred and fifty thousand dollars per year for their prosecution. Certain minor changes of organization were also made, increasing the efficiency of our State and county boards of health.

While we deplore such radical activities as these recent efforts to destroy our health organization, those of us who are most proud of this organization must remember that nothing in a democracy is for all time unchangeable. We should bear in mind that readjustment is essential to progress and should be ready at all times to keep pace with the times by making appropriate changes. Failure to do this is fatal.

I should like, in passing, to speak of the efficient work of our present Health Officer and of this organization. Few of us realize the great improvements which have been made in the health work of our State since Doctor Welch became Health Officer, or recognize the high rank in matter of sanitation which Alabama has come to take among the other states. I learn with pleasure that far beyond the confines of our own state, Doctor Welch is looked upon as an authority in public health and that his methods of organization and work are being widely commended and emulated.

Our registration laws have been brought into line with those recommended for the various states of the Union, and through the efficient direction of Doctor Perry, we are rapidly approaching the time when the accuracy and

Digitized by Google

completeness of our vital statistics will entitle Alabama to enrollment in the registration area. For many reasons such enrollment is very much to be desired.

Doctor Welch will no doubt tell you in his report on Wednesday, of the manifold activities of his department, of the establishment of health units in various counties, of the steady growth of the State Laboratory, of the fight against venereal disease, of the public health nursing, of rural sanitation and sanitary engineering, of his epidemiologic studies, and much else of interest, and I earnestly invite your attention to this important work. For many years I have been one of those who have criticised our health laws, and while I still regard them, like everything else in our body politic, as far from perfect, I cannot forego the opportunity today of paying just tribute to the rapid progress made by our Health Officer.

And, too, I should like to call your attention to the excellent health work which is being carried on in certain of our counties. I need only mention Jefferson and Madison with the wonderfully infectious esprit and great ability shown by Dowling and by Grote. To study their work causes a warm glow of enthusiasm to well up even in the oldest and coldest of us.

To turn from this brief mention of one of the two-fold functions of this organization—that of the State's Board of Health, I want to speak of the other function—that of a scientific society. The county society is the backbone of the State Association and the scientific value of the latter is determined by the former. Every effort should be made to insure better attendance upon the meetings of the county societies and to encourage frequent and regular meetings. With this in view visits were made during the past year, to many county societies in the hope of stirring up renewed enthusiasm and encouraging better attendance. I believe that such official visits from the President of the Association will be productive of good, and I would recommend that my successor consider the continuance of this plan.

The method of organization of our State Medical Association has been for years a fruitful source of controversy and target for criticism. I can recall no meeting where

Digitized by Google

there has not been a wrangle and I admit I have always been among those who clamored for change.

This organization was wisely planned and has served well its purpose, but even those of us who take most pride in its traditions can surely realize that it must undergo continuous modification in order to meet ever-changing conditions. True, it has within the past few years changed materially, and this trend will continue.

The most fruitful source of discord has been the College of Counsellors. Some such body was no doubt essential to the Association in its pioneer days but one is forced to the conclusion that today the College of Counsellors is no longer a necessity. Two great advances were made when it was determined recently that in the future a Counsellor should be nominated by the delegates and Counsellors from the district in which the vacancy exists, and that his term of office should be limited to seven years.

Further changes could well be made. I would recommend that our Constitution and By-Laws be so amended: First, that every member of the State Association shall be eligible to any office within its gift; second, in order to insure deliberation before election that the President be directed to appoint at each meeting a nominating committee whose duty it will be to make nominations for all vacant offices, and that in addition nominations from the floor be accepted; third, that no new Counsellors be elected and no new Life Counsellors be created.

I am familiar with the reasons advanced, excellent as they may appear, for leaving the College of Counsellors intact and unchanged. At the same time I am forced to realize the justice of the very insistent and widespread demand for an abrogation of the privileges enjoyed by the members of the College. If the Association is to go forward and to grow to usefulness, such changes are imperative and I respectfully urge that you enact laws at this meeting that will make these changes immediately effective.

May I, in closing, speak of my deep sense of appreciation of the honor which you have shown me in making me

Digitized by Google

President of this great Association and of the many pleasures which this office has brought me? The Medical Association of the State of Alabama numbers in its membership men of sterling character and great worth and to be permitted, as I have been, to associate with these men and to know them intimately is a valued privilege. For this privilege, as well as the honor, I want to thank you.

REPORT OF SENIOR VICE-PRESIDENT.

H. S. WARD, BIRMINGHAM.

Dr. H. S. Ward, of Birmingham, the Vice-President of the Northern Division, had not arrived when his report was called. He afterwards submitted the following statistical report without comments:

Digitized by Google

REPORT AS TO THE STATUS OF THE MEDICAL SOCIETIES OF NORTHERN DIVISION FOR THE YEAR 1920.

	COUNTIES.	Number of members.	Number of non-members.	Increase of membership.	Decrease of membership.	Number of meetings held last year.	Average attendance.	Number of papers read.	Number of illegal doctors in county.	Number of prosecutions.	Increase of illegals.	Decrease of illegals.	Health Officer's salary.	Success in the collection of vit. and mort. statistics.
1	Bibb	14	9		7								$	
2	Blount	12	8	2		4	7							
3	Calhoun	42	11	4	3	12	14	6					3,000.00	Good
4	Chambers	23	2			4	16							
5	Cherokee	11	3	1		4	6		1	1			600.00	Fair
6	Clay	16	1											
7	Cleburne	7	3		1	1	2	3		1				Avg.
8	Colbert	23	6											
9	Coosa	11	2	1	2	4	6							
10	Cullman	28	3											
11	DeKalb	18	9		2	2	8	1						Poor
12	Etowah	40	10	2	2	12	11.5	4					2,100.00	Fair
13	Fayette	11	2											

Digitized by Google

14	Franklin	20	0											
15	Jackson	15	11			2	9						604.01	Fair
16	Jefferson	297	170	6		22	50	30					4,000.00	Good
17	Lamar	14	5			4	8						300.00	75%
18	Lauderdale	30	13											
19	Lawrence	12	1	1		4	6							Fair
20	Limestone	13	5	3		5	8		1					
21	Madison	32	8											
22	Marion	14	11											
23	Marshall	13	11		9	3	8	2	1					Fair
24	Morgan	26	6											
25	Pickens	12	13											
26	Randolph	17	7											
27	Shelby	14	8	2		3	6	2	2				540.00	Fair
28	St. Clair	12	3		2	4	8		1				400.00	Good
29	Talladega	30	10	1	3	4	13	6					3,000.00	Good
30	Tallapoosa	10				5	10	15					600.00	Fair
31	Tuscaloosa	47	21	3	1	12	9	5					3,000.00	Good
32	Walker	51	4	1		10	8	4					3,600.00	Good
33	Winston	9	3		1	4	8	4						Med.
	Total	944	379											

Digitized by Google

ANNUAL REPORT OF JUNIOR VICE-PRESIDENT.

WALTER S. BRITT, EUFAULA.

Mr. President and Gentlemen of the State Medical Association:

Having been absent from the session of last year, please permit me to express to you my sincere appreciation of the signal honor conferred upon me.

In as few words as possible I shall endeavor to give you a summary of the conditions as they exist in the Southern Division. It will be your privilege to study conditions in each county in the Transactions.

I want to advise you that your Junior Vice-President has fallen short of the requirements of such office. There are thirty-four counties in the Southern Division. To visit any one of these counties from Eufaula requires from one to two days. Were your Vice-President to attend one meeting of each of the thirty-four counties in one year, he would be compelled to neglect his patients, and soon be classed as a man who rates organization about duty to the sick. Probably it might be wise to require visits to those societies that seem to be in need of encouragement, and not to those that are well organized and doing excellent work.

There are 684 members and 210 non-members. Thirty per cent of the doctors in the Southern Division do not affiliate with us. Do you think that quite a high percentage?

In Mobile County 40% are out of the society, and in Montgomery County 36%. Outside of these two large counties the percentage of non-members is 23.5. We have added 39 men to our roll during the past year, and lost 27, making a net gain of 12. Does that have the appearance of activity?

There are eight illegal practitioners in the Division, an increase of one during the year. There has been no prosecution for the illegal practice of medicine.

Montgomery County has had 33 meetings, Mobile 37, Coffee 12, Houston 11, Chilton 9. The others from 1 to 6. There have been held in the Division 180 meetings, at which 67 papers were read—the average of 1 paper to every 3 meetings. Of these papers Montgomery furnished 22, Coffee 11, Houston 10, Geneva 6, Barbour 3, Clarke 3, Elmore 6, Greene 2, Russell 2, Chilton 1, Hale 1. Montgomery County alone furnished one-third of the papers.

Digitized by Google

The average attendance in the Division has been thirty-two per cent. Of the 34 counties only 4 have health officers—Elmore, salary, $2,400.00; Mobile, $3,500.00; Montgomery, $3,500.00, and $500.00 for expenses, and Pike $3,000.00.

Gentlemen, think for a moment! Thirty counties in the Southern Division without health officers. It is reasonable to assume that conditions are the same in all the counties as exist in my county—Barbour. Our society had a committee of the strongest and most influential men among us to go before the board of revenue and urge upon them the vital necessity of a health officer. They explained, begged and plead with them, but to no avail. We have not lost courage, but will continue the fight until we can educate the board to the "high standard" of regarding the health and life of the human being as valuable as that of the hog or cow. We fully realize that the task before us is momentous, but we are determined that Barbour County shall be placed on the honor roll with Elmore, Montgomery and Mobile. Will you not make the same resolution?

Gentlemen, it is up to you. If your society does not take the matter in hand your board of revenue or commissioner will continue to fight the tick and hog cholera, and allow your children to die of malaria, typhoid, hook-worm and numerous other diseases. Will you not bring this matter up before your society, have a strong committee appointed, whose duty it shall be to secure for your county a health officer, which committee shall not be discharged until it has performed its duty well?

The collection of vital and mortuary statistics has averaged good. Montgomery County reported 100%. We feel sure that practically every county will make the same excellent report next year, as the system recently put in force (thanks to Dr. Welch) is working admirably. Upon more than one occasion I have been called upon to sign a death certificate by the local registrar of one of whose death I was unaware. I believe that the system is as nearly perfect as man can devise.

We are pleased to note that some of the cities and towns are taking advantage of Government aid and are fighting the mosquito.

Now, gentlemen, from this report you will see that not much, if any, progress has been made since our last session. We may be better doctors, but our organization is not strengthened. We are in a state of somnosis or bromism. We are asleep. We are

Digitized by Google

letting our societies merely exist. You might say that there has been no growth in the past year—an increase of only twelve members.

W cannot flourish with 25% of the profession on the outside. I dare say that a very large percentage of those men can be brought in, and would make most excellent and useful members. How can you get them in? Not merely by asking, although that will get many of them, but chiefly by making your meetings attractive, interesting, and at the same time instructive. Meet at least once a month; have one or more papers read; report cases of interest and present the patient when agreeable. You can make your meetings so attractive that good men will not stay outside. Of late "drives" have become the fad, and they are invariably successful. Will you not go home, present conditions to your society, institute a "drive" and line up all the good men in your county? There are just as good men on the outside as are within. All that they need is "to be shown."

Now, let's get together and make 1920 the "banner year" of our existence.

Digitized by Google

REPORT AS TO THE STATUS OF THE MEDICAL SOCIETIES OF SOUTHERN DIVISION FOR THE YEAR 1920.

	COUNTIES.	Number of members.	Number of non-members.	Increase of membership.	Decrease of membership.	Number of meetings held last year.	Average attendance.	Number of papers read.	Number of illegal doctors in county.	Number of prosecutions.	Increase of illegals.	Decrease of illegals.
1	Autauga	9	2			2	7		1			
2	Baldwin	13	3	2		5	5		1			
3	Barbour	21	3			6	12	3				
4	Bullock	13	2	1	2	3	50%					
5	Butler	15	4			6						
6	Chilton	14	3			9	6	1				
7	Choctaw	9	7			2	7		1			
8	Clark	25	2	1	1	3	11	3				
9	Coffee	16	7	4	2	12	62%	11				
10	Conecuh	12	4			1	3		1			
11	Covington	31	1	1								
12	Crenshaw	23		11		6	5					
13	Dale	16	4	2		2	10					

Digitized by Google

REPORT AS TO THE STATUS OF THE MEDICAL SOCIETIES OF SOUTHERN DIVISION FOR THE YEAR 1920.

	COUNTIES.	Number of members.	Number of non-members.	Increase of membership.	Decrease of membership.	Number of meetings held last year.	Average attendance.	Number of papers read.	Number of illegal doctors in county.	Number of prosecutions.	Increase of illegals.	Decrease of illegals.
14	Dallas	43	12			12	14					
15	Elmore	14	2			4	80%	6				
16	Escambia	18		1	1	4	6					
17	Geneva	28	4		6	4	8	6	1		1	
18	Greene	7	4		2	2	4	2				
19	Hale	11	6		2	4	4	1				
20	Henry	12	4	1	2	3	5.66					
21	Houston	38	5	3		11	12	10				
22	Lee	19	2									
23	Lowndes	11	2									
24	Macon	12	4			4	10					
25	Marengo	13	9									
26	Mobile	67	46	6		37	6–8					

Digitized by Google

27	Monroe	17	7		1	2	50%					
28	Montgomery	65	37	3	3	30	12	22	1			
29	Perry	10	4			2	4					
30	Pike	26	7	3	1	6						
31	Russell	8			1	4	6	2	1			
32	Sumter	14	11			3	4					
33	Washington	8	2	1	1	3	4		1			
34	Wilcox	26		1	1	3	30%					
	Total	684	210									

SUMMARY.

	Northern Division	Southern Division	Total
Members	944	684	1,628
Non-members	379	210	589
Total doctors	1,323	894	2,217

Digitized by Google

The President: We want to thank Dr. Britt for his very stimulating report. I think we can well take to heart a great deal he said, especially about membership. It is a shame we have not a more complete membership in a great many of our county societies, and better meetings.

I want to introduce to you now the man who really does the work—Dr. Perry.

REPORT OF SECRETARY.
REPORT OF PUBLISHING COMMITTEE.

H. G. PERRY, MONTGOMERY.

Mr. President and Members of the Medical Association of the State of Alabama:

I have the honor to submit the following report. Since the last annual meeting five Life Counsellors and five Active Counsellors have died, namely: Joseph Dozier Bancroft, East Lake; Tucker Henderson Frazer, Mobile; James Thomas Searcy, Tuscaloosa; George Platt Waller, Montgomery; Isaac Lafayette Watkins, Montgomery, Life Counsellors; and James Maxwell Austin, Wetumpka, Fifth District; Henry Beauregard Disharoon, Roanoke, Fifth District; Albert James Peterson, Goodwater, Fifth District; William Caswell Maples, Scottsboro, Eighth District; L. R. Burdeshaw, Headland, Third District, Active Counsellors. These names have been transferred from the book of the living to the book of the dead.

At the last meeting 10 members were elected to the College of Counsellors. All of them have accepted the honor and signed the pledge.

It was hoped that before this time a correct list of those members who had served in the Army, with the rank of each, would have been compiled. It seems, however, that those who served desire to forget it, and the Surgeon General's office is so overburdened with detail that it has been impossible to secure the data upon which to correct our Honor Roll.

Attention of all members is called to the importance of informing your Secretary when removing from one location to another. Frequent calls, both from individuals and organizations, are made for correct lists of physicians and the Secretary of the Association should be able to furnish correct lists at all times.

Secretaries of county societies are urged to make their reports accurate. These, however, are made only once a year, and it de-

Digitized by Google

volves upon the individual doctor to keep our roster correct to date by notifying the secretary of removals from one locality to another.

Your attention is called to the nomination of Counsellors. All delegates and Counsellors from districts in which vacancies are announced will meet in this hall immediately upon the adjournment for lunch on Wednesday, the 21st. At present there appears to be eight vacancies, as follows:

Second District	1
Third District	3
Fourth District	1
Fifth District	2
Eighth District	1

The reasons for these vacancies are found on the last page in the program. The Secretary was in error in publishing the removal of Dr. Mack Rogers, of Birmingham, and in counting a vacancy caused by such removal in the Ninth District.

The Secretary has attended to the usual correspondence incident to his position, has published and distributed the Transactions and the annual program for this session.

The following expenses have been incurred since the last meeting:

Postage	$20.00
Express	2.50
Telegrams	3.00
Stenographer	15.00
	$40.50

REPORT OF THE PUBLISHING COMMITTEE.

There were 1,600 copies of the Transactions printed for the year 1919, at a cost of $1,943.85, and distributed as follows:

To Members of County Medical Societies	1,217
To Life Counsellors	43
To Active Counsellors	90
To Counsellors-elect	10
To Delegates	87
To Correspondents	5
To Complimentary	37
To Deposited with State Health Officer	111
	1,600

Digitized by Google

The President: There is one man in the Association whose popularity has always been a source of wonder to me, because I do not see how any man can be as popular as he is and ask for money all the time as he does. We will hear from Dr. Ray.

REPORT OF THE TREASURER.

J. U. RAY, WOODSTOCK.

JACOB U. RAY, Treasurer,

In Account with

THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

Apr. 15, 1919. To Cash on hand as per last report (See page 30, Transactions 1919) ..... $ 557.90

To Cash received from the following Counsellors:

1919.		Apr. 15.	J. C. McLeod, Opp
Mar. 29.	W. S. McElrath	Apr. 15.	W. R. Jackson
Mar. 29.	W. E. Howell	Apr. 15.	J. D. Bancroft
Apr. 2.	L. R. Burdeshaw	Apr. 15.	R. L. Justice
Apr. 4.	W. H. Wilder	Apr. 15.	G. W. Williamson
Apr. 7.	C. S. Chenault	Apr. 15.	G. L. Gresham
Apr. 8.	W. C. Maples	Apr. 15.	W. F. Betts
Apr. 9.	J. O. Kennedy	Apr. 15.	W. D. Gaines
Apr. 9.	W. M. Cunningham	Apr. 15.	L. E. Broughton
Apr. 9.	W. W. Harper	Apr. 15.	W. E. Morris
Apr. 10.	C. A. Thigpen	Apr. 15.	P. V. Spier
Apr. 10.	W. S. Britt	Apr. 15.	J. R. Horn
Apr. 11.	F. A. Webb	Apr. 16.	L. C. Morris
Apr. 12.	A. D. James	Apr. 16.	S. A. Gordon
Apr. 15.	H. T. Heflin	Apr. 16.	L. O. Hicks
Apr. 15.	J. M. Watkins	Apr. 16.	M. C. Schoolar
Apr. 15.	M. S. Davie	Apr. 16.	H. S. Ward
Apr. 15.	J. S. Crutcher	Apr. 16.	J. D. S. Davis
Apr. 15.	H. P. McWhorter	Apr. 16.	D. L. Wilkinson
Apr. 15.	W. P. McAdory	Apr. 16.	J. C. McLeod, Bay M.
Apr. 15.	J. C. Martin	Apr. 16.	R. L. Hill
Apr. 15.	D. F. Talley	Apr. 16.	R. A. Smith
Apr. 15.	M. D. Smith	Apr. 16.	F. P. Petty

Digitized by Google

Apr. 16.	E. G. Givhan
Apr. 17.	E. M. Prince
Apr. 17.	Henry Green
Apr. 17.	P. M. Lightfoot
Apr. 17.	S. C. Cardon
Apr. 21.	S. F. Mayfield
Apr. 21.	A. J. Peterson
Apr. 21.	J. M. Austin
Apr. 21.	W. B. Hendrick
May 7.	N. G. James
June 5.	W. M. Faulk
June 16.	H. J. Sankey
1920.	
Jan. 23.	J. U. Ray
Jan. 23.	J. M. Mason
Jan. 23.	J. S. McLester
Jan. 23.	E. V. Caldwell
Jan. 23.	E. B. Ard
Jan. 30.	J. A. Kimbrough
Jan. 30.	J. D. Heacock
Jan. 30.	W. H. Oates
Feb. 10.	J. N. Furniss
Feb. 11.	B. B. Simms
Feb. 11.	J. P. Stewart
Feb. 13.	J. N. Baker
Feb. 13.	C. N. Lacey
Feb. 24.	T. J. Brothers
Feb. 24.	F. L. Chenault
Mar. 15.	W. D. Partlow.
Apr. 9.	J. G. Palmer
Apr. 12.	C. A. Poellnitz
Apr. 12.	C. A. Mohr
Apr. 12.	P. T. Fleming
Apr. 12.	P. J. Howard
Apr. 12.	A. A. Jackson
Apr. 12.	E. M. Harris
Apr. 13.	F. A. Lupton
Apr. 13.	J. W. McLendon
Apr. 15.	M. L. Malloy
Apr. 20.	J. L. Bowman
Apr. 20.	A. N. Steele
Apr. 20.	Hugh Boyd
Apr. 21.	J. P. Turner

Counsellors-elect:

May 21.	K. A. Mayer
May 21.	A. W. Ralls
May 27.	V. L. Ashcraft
June 5.	A. B. Price
June 5.	W. H. Price
June 5.	S. B. Alison
June 5.	Cabot Lull
July 5.	F. W. Wilkerson
Dec. 8.	J. P. Colvin
1920.	
Feb. 24.	Carl Grote

87 Counsellors	$ 870.00
10 Counsellors-elect	100.00
Total	$ 970.00

Cash received from delegates to Mobile meeting, 1919, as follows:

Autauga—E. M. Thomas.
Baldwin—V. McR. Schowalter, R. A. Hale.
Barbour—J. M. Bell, W. G. Lewis.
Bibb—G. H. Smith.
Blount—J. T. Stone.
Bullock—None.

Digitized by Google

Butler—R. H. Watson.
Calhoun—N. E. Sellers, T. J. Patton.
Chambers—None.
Cherokee—R. L. McWhorter.
Chilton—N. S. Johnson.
Choctaw—J. C. Christopher.
Clarke—C. I. Dahlberg, J. G. Bedsole.
Clay—W. H. Price, M. L. Shaddix.
Cleburne—None.
Coffee—C. P. Hays, W. A. Stanley.
Colbert—L. W. Chapman.
Conecuh—W. G. Hairston, G. G. Newton.
Coosa—J. A. M. Nolen, J. A. R. Chapman.
Covington—None.
Crenshaw—H. A. Donovan, F. M. T. Tankersly.
Cullman—R. H. Baird, T. W. Cossey.
Dale—A. D. Mathews.
Dallas—S. W. Riggs, S. B. Allison, P. B. Moss.
DeKalb—Lee Weathington.
Elmore—C. N. T. Barnett
Escambia—M. H. Hagood, G. W. Salley.
Etowah—A. M. Davis, G. L. Faucett.
Fayette—T. M. Peters.
Franklin—J. R. Sherman.
Geneva—A. E. Vaughn, E. Tankersly.
Greene—G. A. Moore.
Hale—T. P. Abernathy.
Henry—None.
Houston—J. F. Yarbrough.
Jackson—None.
Jefferson—W. S. Rountree, W. F. Scott, C. W. Shropshire, J. D. Dowling, W. E. Prescott, A. E. Wilkes.
Lamar—W. L. Box.
Lauderdale—A. Zimmerman.
Lawrence—J. H. Irwin.
Lee—M. D. Thomas.
Limestone—None.
Lowndes—None.
Macon—None.
Madison—M. M. Duncan, C. A. Grote.
Marengo—W. L. Kimbrough.

Digitized by Google

Marion—R. H. Barnes.
Marshall—None.
Mobile—E. W. Cawthon, P. J. M. Acker, S. F. Hale.
Monroe—None.
Montgomery—S. D. Suggs, Louis Robinson, H. B. Wilkinson, F. W. Wilkerson.
Morgan—T. J. Russell, A. M. White.
Perry—J. B. Hatchett.
Pickens—A. B. Price, E. B. Durrett.
Pike—W. S. Sanders.
Randolph—J. P. Liles.
Russell—J. W. Mehaffey.
St. Clair—R. L. McClellan, J. G. Willbank.
Shelby—None.
Sumter—J. C. McDaniel, J. P. Scales.
Talladega—E. M. Sasville, J. P. Colvin.
Tallapoosa—J. J. Walls.
Tuscaloosa—J. F. Davis, S. T. Hardin.
Walker—A. M. Waldrop, H. G. Camp.
Washington—J. Chason, W. A. Thompson.
Wilcox—P. E. Godbold, E. G. Donald.
Winston—R. L. Hill, C. A. Olivet.

Total, 92 Delegates at $4.00 each ..... $ 368.00

(12 Counties no Delegates.)

Dues received from county societies for 1919 meeting:

Autauga	$ 10.50
Baldwin	4.50
Barbour	27.00
Bibb	31.50
Blount	16.50
Bullock	16.50
Butler	18.00
Calhoun	57.00
Chambers	21.00
Cherokee	15.00
Chilton	16.50
Choctaw	13.50
Clarke	16.50
Clay	28.50

Digitized by Google

Cleburne	10.50
Coffee	24.00
Colbert	27.00
Conecuh	18.00
Coosa	13.50
Covington	27.00
Crenshaw	13.50
Cullman	39.00
Dale	22.50
Dallas	61.50
DeKalb	28.50
Elmore	24.00
Escambia	25.50
Etowah	42.00
Fayette	16.50
Franklin	16.50
Geneva	34.50
Greene	9.00
Hale	18.00
Henry	18.00
Houston	43.50
Jackson	15.00
Jefferson	312.00
Lamar	16.50
Lauderdale	36.00
Lawrence	15.00
Lee	16.50
Limestone	13.50
Lowndes	10.50
Macon	13.50
Madison	41.00
Marengo	16.50
Marion	18.00
Marshall	13.50
Mobile	83.75
Monroe	30.00
Montgomery	76.50
Morgan	31.50
Perry	12.00
Pickens	31.50
Pike	25.50

Digitized by Google

Randolph	24.00	
Russell	16.50	
St. Clair	16.50	
Shelby	15.00	
Sumter	18.00	
Talladega	45.00	
Tallapoosa	15.00	
Tuscaloosa	28.50	
Walker	39.00	
Washington	10.50	
Wilcox	31.50	
Winston	12.00	
Total		$1,924.75

MISCELLANEOUS RECEIPTS.

Houston Lumber Company, 1 Register	$ 1.00

RECAPITULATION OF RECEIPTS.

Cash on hand last report	$ 557.90	
Received from 87 Counsellors	870.00	
Received from 10 Counsellors-elect	100.00	
Received from 92 Delegates	368.00	
Received from County Societies	1,924.75	
Received from Miscellaneous	1.00	
Total		$3,821.65
Less Disbursements		3,396.77
Balance Cash on hand		$ 424.88

DISBURSEMENTS.

1919.		
Apr. 21.	H. G. Perry, postage, assistants, telegrams, express	$ 35.97
May 26.	Irene H. Snyder, official stenographer	219.40
May 1.	St. Louis Button Company, service flag, stars and sewing	77.30
May 1.	Brown Printing Company, envelopes, letter heads, circulars, programs	147.01

Digitized by Google

May 22.	George A. Thomas & Co., premium on Treasurer's bond	8.00	
May 3.	J. U. Ray, assistants at Mobile meeting	11.50	
May 21.	H. G. Perry, services as Secretary from April, 1919, to April, 1920	400.00	
July 15.	Brown Printing Co., letterheads, envelopes	22.28	
July 11.	J. W. Ray, Secretary, Elmore County, dues refunded	4.50	
Oct. 31.	S. W. Welch, telephone and telegrams	38.48	
Nov. 31.	H. G. Perry, expenses Decatur trip	22.09	
Dec. 8.	Brown Printing Co., 1,600 Transactions, binding, postage and wrapping	2,038.13	
Jan. 14.	Brown Printing Co., reprints, express, labels	81.35	
Mar. 18.	Brown Printing Co., mailing lists, envelopes, receipts	32.17	
Mar. 13.	J. U. Ray, services as Treasurer, April, 1919, to April, 1920	200.00	
Apr. 15.	St. Louis Button Co., buttons	45.65	
Apr. 19.	J. U. Ray, postage during year	12.94	
	Total		$3,396.77
	Balance on hand		424.88
			$3,821.65

Dr. Ray: I wish to call attention to the increased cost of the printing bill, which cannot be avoided.

While it will not be necessary at this meeting to increase the dues, yet it is well to warn you of what will happen at the next meeting. I feel it will be necessary to cut down the Transactions or increase the dues. The former would destroy to a great extent the value of the book.

I want to call your attention to the gradually diminishing membership of the county medical societies. It is not that there is such an undue scarcity of doctors. I do not know what the trouble is. Every county in the State

Digitized by Google

pays some dues, yet the receipts for county society dues are the smallest we have had in three years. It is the Association's job to revive interest in the county societies, and it is the job of the Association in session at these annual meetings to call your attention to these matters and to urge upon you the importance and necessity for a combined and unified membership of the Medical Association of the State of Alabama if we expect to accomplish the results mapped. (Applause.)

Dr. S. W. Welch: I would like to inquire if the falling off in dues is not chargeable to the fact that the men in the medical corps of the army had their dues remitted at the time of their service?

The Treasurer: That is not the number who were in the service; in fact, the majority of the counties paid the dues for those men in service. In my limited travel over the State, in discussing the matter with members of the different societies, I find there seems to be a general indifference. "You boys go ahead and run it. That's all right. I do not go to the State meeting."

That's the spirit we want to destroy; a feeling we want to crush. We want to have every eligible physician in this State lined up in his county society and with his shoulder to the wheel, and everybody pulling for the success of the medical profession in the State.

The President: I think that is very true. If the Association will approve, I will appoint a committee to report to us on Thursday, whose duty it will be to make suggestions regarding membership, and the checking of this tendency which both Drs. Britt and Ray have noted.

Member: The reports of the various officers are referred to the Committee of Public Health without discussion. It is not in order for discussion to take place regarding these various reports at this time.

Member: Please read what Jefferson County pays into the Association, exclusive of the Counsellors.

The Treasurer: $312.

I forgot one matter I should report, according to the Constitution—a matter which never has been reported at this time—the delinquent Counsellors. It is a very delicate matter to report this, and I do not do it because of

Digitized by Google

the fact I want to advertise these gentlemen who have not paid their dues; but because the Constitution says I must do so. I will not call their names. I am proud to say all Counsellors on the roll have paid their dues except one.

Section 5 of Article XII requires me to read out a list at this time of the Counsellors who have not paid their dues. I wish that section were modified or abolished, because the Counsellor might come in in two minutes afterwards prepared to pay his dues.

Now a word to the Counsellors and a boost to the delegates. The Counsellors won't allow a delegate to vote on any question or take part in discussion of any motion or resolution affecting the vitality of the Association until he has paid his delegate fee. The Counsellors' dues for 1920 and 1921 are due today. You have no more right to take part in the discussion of questions of law of this Association than if you were not a Counsellor, so far as your voting is concerned, when you require the delegate to pay his $4 before he can vote. The Counsellor becomes delinquent upon adjournment, and in thirty days I am required to notify him he is delinquent, and he is to be read as delinquent.

The Secretary: I want to suggest the Constitution provides thirty days of limit after the annual meeting in which the dues may be paid, and the Counsellor is not on the same basis as the delegate. The delegate does not function except at this time, while the Counsellor continues to function.

The President: I warned you Dr. Ray would get after you about your dues!

Dr. Green: In order to clarify this matter, I want to ask if a Counsellor who has not paid his dues from April, 1919, to April, 1920, is now delinquent; or does he become delinquent at the close of this meeting, or thirty days thereafter?

The Treasurer: The Constitution is not clear on that. There are three sections referring to this particular question, and they conflict. It ought to be cleared up. As a matter of justice to the delegate, I still hold a Counsellor has as much right to pay as a delegate.

Digitized by Google

Dr. S. W. Welch: When a man is elected to the College of Counsellors, he pays ten dollars in advance. He pays ten dollars immediately after, or before the next meeting. He does not function until the meeting afterward, so that he pays in advance. Then the first day of this meeting he pays ten dollars, so he has paid ten dollars in advance. He really does not have to pay that money, and he could not be dropped from the roll until the next meeting. The Counsellor pays in advance, and the delegate not until he comes to vote.

Report of Standing Committees.

The President: It is always a pleasure to hear a man discuss a subject with which he is intimately familiar, and I don't know anybody in Alabama more familiar with Mental Hygiene than is Dr. Partlow.

REPORT OF STATE COMMITTEE ON MENTAL HYGIENE.

W. D. PARTLOW, MOBILE.

To the President and Members of the Medical Association of the State of Alabama:

We, your Committee on Mental Hygiene, desire to make the following report:

The object of this committee is to co-operate with and affiliate with the Alabama Society for Mental Hygiene; therefore, it is proper to include in this report a statement of some of the things accomplished by that organization. The most important is that after much effort on the part of many Alabama citizens, including the activities of many good women of Alabama, members of The Alabama Society for Mental Hygiene, and the interest and co-operation of the Governor, we have succeeded in getting the Legislature to enact into law "The Alabama Mental Deficiency Bill," which looks to the establishment of "The Alabama Home" for feeble-minded. The need of such an institution has been long recognized, and it is the purpose of the Board of Managers to proceed, as rapidly as is expedient and as the appropriation may be available, in constructing and equipping the first unit of the institution.

The Board of Control and Economy called upon our State Health Department for a mental survey of the eleemosynary institutions

Digitized by Google

supported by the State outside of the Hospitals for the Insane. Our State Health Officer referred this to me, as Secretary of the State Society for Mental Hygiene, and we, after securing the service of Dr. Thomas Haynes, representing the National Committee on Mental Hygiene, made a complete survey of the Boys' Industrial School, East Lake; the Girls' Reform School at East Lake; the Girls' Industrial School at Woodlawn, and the Reform School for Juvenile Negro Boys, Mt. Meigs, Alabama, making intelligence tests and locating and tabulating the feeble-minded in all these institutions.

With the kind co-operation and activity of the lady members of the State Society for Mental Hygiene much good is being done, co-operating with our library at the Bryce Hospital in supplying magazines, story books, and other reading material donated and collected in various towns over the State. This committee desires to ask each of you, wherever you may come in contact with the ladies representing the Society endeavoring to make collection of books and magazines, that you give your endorsement to their efforts, and whatever assistance you may.

The committee recognizes two functions: First, of its affiliation and co-operation with the Alabama Society for Mental Hygiene, looking to the protection of mental health and prevention of mental disease by education, and otherwise; and, second, its co-operation in any way possible with social workers, wherever they may be located, in the care of patients immediately before commitment to the hospitals, and assisting in the readjusting of such persons to society who have had treatment and have been dismissed from the hospitals. The Society for Mental Hygiene has the hearty co-operation of Red Cross workers and Social workers within the State in the before and after care—this arrangement being recent—within the past few weeks.

REPORT OF COMMITTEE ON FIRST AID.

Mr. President and Gentlemen:

As Chairman of the Committee on First Aid to the Injured, I wish to make a very brief report.

The work done during the year has been very encouraging. However, the committee as an organization has done nothing.

I feel that I owe the State Medical Association an apology for the apparent lack of interest of the Committee in their work.

Digitized by Google

Personally, I have delivered many lectures and trained a large number of people along this line of endeavor.

There have been seven hundred and fifty men, women and children given instruction in First Aid and of this number the Bureau of Mines has given most of the training, and deserves the credit of having kept this most important work a live issue in the State today.

The American Red Cross is doing some work along this line, but as yet I have been unable to learn the number this organization has instructed this year.

So far we have been unable to get the public schools of the State to do very much in teaching First Aid to the Injured, largely due to the fact that our teachers have never been given instructions in the teaching of this practical branch of medicine and surgery.

We believe this knowledge should be widely disseminated as it is of the greatest economic value to the country not only in time of war but in peace. Where first aid has been well and generally taught, sickness and accidents have been cut in half—certainly a stake worth striving for.

The physicians of Alabama must take the lead in this great movement for the conservation of human life, and we urge each of you to become active leaders in your respective communities.

W. S. ROUNTREE,
Chairman.

REPORT OF STATE COMMITTEE ON SOCIAL INSURANCE.

S. W. WELCH, MONTGOMERY.

Your committee has not been able to make any investigation or formulate any plans looking to the development of this work. The State Health Officer has so many other things to do he regarded as much more important, it was absolutely impossible to get to this work. It would take time to develop a plan. I do not know any State Department that has a definite plan yet evolved on this question.

We will ask to be continued and allowed to study this proposition until we can have some definite idea what we want to recommend to the Association. Frankly, I do not know what I would like to recommend. Yet we have not neglected the work. We have been investigating, but have reached no definite conclusions in the matter.

Digitized by Google

The President: I think the Association will with pleasure continue the committee and ask that they deliberate on it.

This closes the report of the various officers. We come next to the scientific papers.

We will take pleasure in extending the privilege of the floor to Dr. Jones, of Atlanta.

Dr. R. W. Waldrop, of Bessemer, then read a paper on "The Treatment of Compound Fractures," which was discussed by Drs. J. N. Baker, Montgomery; A. W. Ralls, Gadsden; S. W. Welch, Montgomery; and D. F. Talley, Birmingham.

(For paper and discussion see Part II.)

The paper on "Uterine Cancer," written by Dr. M. S. Davie, of Dothan, was then read by Dr. Henry Green, of the same place. It brought forth a lively discussion, in which the following participated: Drs. Walter C. Jones, Birmingham; E. G. Jones, Atlanta; Henry Green, Dothan; D. F. Talley, Birmingham.

(For paper and discussion see Part II.)

The President: I will take the liberty of making a change in the program. We have two papers that should come together—one by Dr. J. M. Mason, and one by Dr. Ralls. I am going to suggest that we adjourn now and meet at 2:00 P. M., taking up these two papers as first order of business.

Dr. Green: I believe we will have time to discuss one more paper before adjournment.

I want to move the rule limiting discussions to five minutes be abrogated so far as it applies to our visitors.

The President: The rule does not apply to guests.

Dr. J. N. Baker, of Montgomery, then read his paper on the subject, "Obstructive Lesions in the Ureter as Causative Factors in Persistent or Recurrent Pyelitis," with report of cases.

This paper was discussed by Doctors M. Y. Dabney, L. C. Morris, and Ross Snyder, of Birmingham; with Dr. Baker closing the discussion.

(For paper and discussion see Part II.)

The meeting then adjourned until 3:00 P. M.

Digitized by Google

TUESDAY AFTERNOON SESSION.

APRIL 20, 1920.

The Association met pursuant to adjournment, and was called to order by the President.

The following resolution was offered by Dr. W. P. McAdory:

Resolved, That it is the sense of this Association that every member of the State Association who has been a member of his county medical society in good standing for a period of five years shall be eligible to any office in the gift of the Association.

Resolved, second, that the State Board of Censors is hereby instructed to draft and present to the Association, at its next meeting, such amendment to the Constitution of the Association as will compass this end.

(Signed) W. P. McADORY.

The President: This resolution calls for an amendment to the Constitution and cannot be acted upon until the next meeting of the Association.

RESOLUTION ON CANCER BY DR. M. Y. DABNEY.

Whereas, the most reliable Government statistics reveal the deplorable fact that cancer is on the increase at the amazing rate of an additional 2½ per cent each year; and,

Whereas, it is estimated that 100,000 persons die annually in the United States from cancer, a disease which has assumed fifth place in the frequency of the causes of death; and,

Whereas, at the age of forty and over, in both sexes, one death in every ten is due to cancer; and,

Whereas, one in eight deaths in females of forty or over is due to cancer, and in males of the same age one in fourteen; and,

Whereas, due largely to public ignorance and consequent delay nine cases of cancer in every ten are fatal; and,

Whereas, cancer, when detected early enough, offers every prospect of a cure; and,

Whereas, the danger signals and premonitory signs of cancer are lamentably few and may be quickly explained; and,

Whereas, the public continues to hold such erroneous ideas of cancer, as for example, it is invariably associated with terrific pain;

Digitized by Google

that it is contagious; that it is hereditary; and that it is always incurable; and,

Whereas, such brilliant results have been obtained through widespread dissemination of knowledge concerning tuberculosis, typhoid fever, malaria and hookworm disease; and,

Whereas, in preventive medicine and surgery our profession achieves its highest usefulness and most wonderful success;

Be it therefore resolved, that the Medical Association of the State of Alabama urge upon the State Department of Health the desirability of prosecuting a vigorous campaign of public instruction on the subject of the early symptoms and signs of cancer; and, also,

Be it resolved, That such a campaign shall include a yearly address on cancer prevention and detection before each State institution of higher learning; and,

Further, be it resolved, That it delegate a speaker for a similar talk at the annual meeting of the State Teachers' Association; and,

Lastly, be it resolved, That the Medical Association of the State of Alabama heartily endorse the laudable and untiring efforts of the American Society for the Control of Cancer.

Respectfully,
(Signed) M. Y. DABNEY.

The President: The resolutions will be referred to the Board of Censors.

The work of the Scientific Section was then taken up, the first paper being presented by Dr. Earle Drennen, of Birmingham, on "Blood Transfusions." This paper elicited spirited discussion, participated in by Drs. A. W. Ralls, Gadsden; J. M. Mason, W. C. Jones and Cabot Lull, Birmingham, and Dr. S. W. Welch, Montgomery, with Dr. Drennen closing.

(For paper and discussion see Part II.)

The second paper of the afternoon, "Vaginal Hysterectomy—Indications and Technique," was given by Dr. J. M. Mason, Birmingham.

This was immediately followed by the paper on "Hysterectomy: Its Serious Relation to the Vital Economy; Pre-operative Preparation; Post-operative Complications; Technique," by Dr. A. W. Ralls, Gadsden.

Digitized by Google

Dr. L. C. Morris, Birmingham, read a paper on "Primary Carcinoma of the Vulva."

The next paper was presented by Dr. Edward G. Jones, Atlanta, Georgia, on "The Neck as a Special Field of Surgical Endeavor," illustrated with slides.

Dr. Talley, Birmingham, moved a rising vote of thanks to Dr. Jones for his very interesting and instructive lecture, which was carried, amid applause.

(For the above papers see Part II.)

Dr. Samuel Ledbetter, Jr., Birmingham, presented a paper on "The Indications for Surgery in the Treatment of Goitre," which was discussed by Drs. Wyman and Talley, with Dr. Ledbetter closing.

(For paper and discussion see Part II.)

"Vincent's Angina, with Special Reference to Its Increasing Frequency in Schools and Universities," was the subject of a paper delivered by Dr. Harvey B. Searcy, Tuscaloosa.

(For paper see Part II.)

The final paper of the afternoon session was presented by Dr. Ross Snyder, Birmingham, on the topic, "The Treatment of Ileocolitis in Children."

Dr. Snyder: I became so much interested in writing my introduction I did not get much farther.

Some one has said the less a man knows about a thing, the more he can say about it. I shall ask the liberty to confine myself to the prophylaxis of it. (Reads.)

This was discussed by Drs. Morris, Dowling and Sledge, with Dr. Snyder closing the duscussion.

(For paper and discussion see Part II.)

Dr. B. L. Wyman: Following up the suggestion made by Dr. Jones, Atlanta, it has occurred to me it would be wise for this Association to establish a Council on Cancer Control. Other states are doing large work in this. I was requested a year ago to introduce this resolution, and simply neglected it. I ask the privilege of the Association to introduce it now.

Digitized by Google

RESOLUTION INTRODUCED BY DR. B. L. WYMAN, OF BIRMINGHAM.

Whereas, cancer is increasing to a rather alarming extent, and constitutes one of the most frequent causes of death in Alabama, and for this reason has become one of our most important health problems; and,

Whereas, it is of paramount importance that the public be educated with reference to the beginnings of cancer symptoms occurring in the incipiency of pre-cancerous stage,

Therefore, be it resolved: 1st. That the Medical Association of the State of Alabama establish a Council on Control of Cancer, at this meeting, whose duty it shall be to inaugurate a campaign of education throughout the State in order to teach the people of the State the dangers and urge the necessity of prompt investigation of this disease in its incipiency.

2nd. That this campaign of education be conducted in co-operation with the American Society for the Control of Cancer, which has offered valuable help in carrying on this work.

The President: The American Society would probably finance this work.

The resolution will be referred to the Board of Censors.

The Association, upon motion, then adjourned until 8:00 P. M.

TUESDAY EVENING SESSION.

April 20, 1920.

The Association was called to order at 8:00 P. M. by the President.

After some announcements by the Secretary, the scientific papers were read and discussed.

The first paper, "The Pathology of Functional Disease," was read by Dr. Edward Sledge, Mobile.

The President announced that inasmuch as the paper prepared by Dr. Ward dealt with the same topic as Dr. Sledge's address, he would take the liberty of placing

Digitized by Google

that paper next, and ask that the two be discussed together.

Dr. H. S. Ward, Birmingham, then read a paper on "The Element of Personal Gain as a Causative Factor in the Psycho-Neuroses."

The papers of Drs. Sledge and Ward were then discussed by Dr. Wyman.

(For papers and discussion see Part II.)

The last paper of the evening session was given by Dr. Cabot Lull, on "The Interpretation of Thoracic Pain."

This paper was discussed by Drs. Edward Sledge, Mobile; A. L. Nourse, Anniston; H. B. Searcy, Tuscaloosa, with Dr. Lull closing the discussion.

(For paper and discussion see Part II.)

The meeting then adjourned until Wednesday morning at 10:00 o'clock.

SECOND DAY.

WEDNESDAY MORNING SESSION.

APRIL 21, 1920.

The Association was called to order at 10 A. M., by the President, who announced that since there was no unfinished business, the Association would proceed at once to the discussion of the papers, and called on Dr. Seale Harris, Birmingham, who spoke on the subject, "Educating the Patient in the Treatment of Gastro-Intestinal Diseases."

(For paper and discussion see Part II.)

This paper was discussed by Drs. W. C. Jones, E. S. Sledge, Mobile; J. F. Yarborough, Columbia; Dr. Harris closing.

Dr. E. M. Mason, Birmingham, read a paper on "The Relation of Influenza to Tuberculosis."

Digitized by Google

This paper was discussed by Drs. Cabot Lull, Birmingham; W. G. Harrison, Birmingham; the President; F. W. Wilkerson, Montgomery; Dr. Mason closing.

(For paper and discussion see Part II.)

Dr. Fred Wilkerson, Montgomery, read a paper on "The Differential Diagnosis Between Certain Types of Pulmonary Tuberculosis and Bronchiectasis," which was discussed by Drs. W. C. Jones, Birmingham; Dr. Wilkerson closing.

(For paper and discussion see Part II.)

Dr. H. G. Perry, Secretary, Montgomery: I wish to announce that there appears to be thirteen vacancies in the College of Counsellors, as follows: Second District, 1; Third District, 4; Fourth District, 2; Fifth District, 4; Seventh District, 1; Eighth District, 1. I have cards made out to be delivered to the committees, showing the names of those who are changed in the list of Counsellors, why there are vacancies, and showing the number of members in each county in each district, with the number of Counsellors in each. It is very desirable to have at least one Counsellor in each county. If there is a county in which there are no Counsellors, it is well for your committee to take that into consideration and make a nomination from the county not represented. Each congressional district at the present time has about the number of Counsellors to which it is entitled. The election of the same number of Counsellors as there are vacancies in each district will keep the districts on a parity.

(Secretary Perry then called the districts, distributed the cards, and suggested places of meeting.)

(The President then granted a recess of fifteen minutes.)

RECESS.

Immediately following recess, the Jerome Cochran Lecture, on the subject, "Bright's Disease, with Special Reference to Its Treatment," was given by Dr. Henry A. Christian, Boston, Mass.

Digitized by Google

The President: It has been the custom for a great many years to have as the chief event of each of our annual meetings a lecture delivered by some distinguished guest from a distance. This lecture has been very properly named in honor of the founder of this Association—Dr. Jerome Cochran. We are fortunate in having this year as the Jerome Cochran lecturer a man who is distinguished not alone for his personal attainments and accomplishments, but for the splendid work being done by the great clinic of which he is chief. I take pleasure in introducing Dr. Henry A. Christian, of Harvard University. (Applause.)

Dr. Christian: I appreciate very highly the honor of being your guest and being the Jerome Cochran lecturer for this year. I accepted your invitation in anticipation of a hearty welcome. My expectations have been far surpassed in the welcome that I have had since I have been among you.

I like this part of the country. I have reason for liking it, because I am one of you. You know I am not a real Yankee. I was born in Virginia, educated in Virginia, and lived my life in Virginia until I got transplanted into the New England country. Perhaps like an old mullen in the field, I have sent down a deep tap root and gotten rooted up there; but "home" is still down here in the South.

I have been very much interested in the development of medicine here in the South, and have been interested in the progress that has been made in the last few years in your medical work. I have enjoyed the papers presented at this meeting. I want to congratulate you on the program, and the readers of papers on the sound commonsense point of view they have taken in their papers, and in the practicability of the problems they have discussed.

This year I have had rather more opportunity than has been my good fortune in the past to come in contact with Southern medicine, because during the year I have been in Washington on leave of absence from my Boston work, engaged in medical work as Director of the Division of Medical Science of the National Research Council. That has brought me nearer to the South and has given me the

Digitized by Google

opportunity of attending several meetings of Southern medical associations, and to get acquainted with the men in a way I have longed to do in the past, but had very little opportunity for doing.

Now this work of mine in the National Research Council has been largely work of organization. Consequently it is distinctly appropriate that I should be speaking as the Jerome Cochran lecturer here in Alabama. Dr. Cochran was an organizer. That was his work. As an organizer, the medical profession of this State owes him a debt. An organizer sees the present and the immediate future and plans accordingly. The next generation, building on the past, changes where change is needed, and keeps the organization in tune with its time. The first builder deserves the largest credit, so it is fitting in this way in this Association this time be set aside as a tribute to the first builder of an organized profession in Alabama.

As my subject for today, I have chosen: Jerome Cochran Lecture—"Bright's Disease with Special Reference to Its Treatment."

(For paper see Part II.)

S. W. Welch, M. D., Montgomery: On behalf of the Medical Association of the State of Alabama, I wish to extend to our distinguished guest our appreciation of this magnificent address.

His opening remarks reminds me of an incident which occurred in my early life. We lived in the country and kept an open house, and on one cold evening a stranger came in. After his horse had been snugly tucked away in the barn and we had our supper and were seated around the log fire, I asked the gentleman where he was from. My father immediately called me out and rebuked me very severely for my breach of hospitality. He said if I had waited a few minutes, if he was from Virginia he would have told us about it; and if he wasn't from Virginia, my question was embarrassing. (Laughter.)

I am glad to know, Mr. President and gentlemen, that we have contributed so much to the staff of Harvard University. The contribution from Virginia probably ac-

Digitized by Google

counts for much of the development which that magnificent institution has enjoyed for the last few years.

I move that the Association express its thanks to our distinguished guest by a rising vote. (This was given, amid applause.)

The President: The majority of us are accustomed to follow rather slavishly what is old; to do a thing because somebody says it is the thing to do, and we do not take the trouble to find out whether it is the right thing. Occasionally we find a man who does his own thinking and who does things because he has found out for himself they are right, and who blazes the path for future generations. We cannot help but admire such a man intensely. For this and many other reasons, we in the South have learned to feel a great admiration, as well as affection, for Dr. Michael Hoke, and we are fortunate this morning in having Dr. Hoke with us to give the next paper.

Dr. Michael Hoke, of Atlanta, then gave a paper on "The Use of Thin Bone Strips and Bone Shavings in Bone Grafting Operations," illustrated with lantern slides, which was not discussed.

(For paper see Part II.)

The meeting then adjourned until 3:00 P. M.

Digitized by Google

WEDNESDAY AFTERNOON SESSION.

APRIL 21, 1920.

The Association was called to order at 3:00 P. M., by the President.

REPORT OF STATE HEALTH OFFICER.

S. W. WELCH, MONTGOMERY.

The last report of the State Health Officer closes with the words: 'The Board feels that its work is on the eve of very broad expansion and its usefulness to the people is being appreciated more and more every day.' It is with a sense of deep gratitude that we announce to you that our most sanguine hopes have been realized and the prophesy of the last report has become a part of the history of the State.

The Legislature, at its adjourned session, passed without amendment the bill proposed by the Board of Health for the enlargement and expansion of its work. Besides making such changes in the old law as were recommended by this Board, an appropriation of $90,000 for the year 1919-20 was made; $125,000 for 1920-21 and $15,000 for expansion of the Laboratory, and $150,000 annually thereafter. It is with regret that I report that a small number of doctors and the press of the State opposed very bitterly the enactment of the law. Only four newspapers of the State supported us: The Eufaula Times, the Alabama Baptist, the Alabama Christian Advocate and the Montgomery Journal. The Alabama Christian Advocate was a tower of strength in an hour of need, and I wish to publicly acknowledge our appreciation of its work. The patent medicine people waged a bitter and most relentless war against us, through the press and through dodgers scattered promiscuously over the State, many of which fell into the hands of the Board. Information also came to us that emissaries were traveling about the State attacking the proposed legislation. We weathered the storm, however, and the bill was signed by the Governor and became a law on September 29, 1919.

A meeting of the Board was called early in October and the plans of reorganization submitted, which were approved. A budget was worked out apportioning the appropriation to the various departments. This was submitted to the Governor and approved by him.

Digitized by Google

The constitutionality of the law has been attacked recently in a bill of injunction filed by Drs. Thos. D. Park, Cunningham Wilson and E. P. Riggs, all of Birmingham. The case was heard in the Montgomery Circuit Court on the 9th of April and on the 19th day of April Judge McCord handed down his decision, sustaining the demurrers, denying the injunction. An appeal to the Supreme Court was taken and is now pending.

A bill was passed authorizing the Governor to sell the lands belonging to the State in Cullman County and reinvest the proceeds in such manner as will promote the development of anti-tuberculosis work in the State. Another bill was passed technically removing the anti-tuberculosis hospital out of the State penitentiary and placing its management under the Board of Control. It is now possible for a man to obtain refuge in a State sanatorium for tuberculous patients without first being sentenced to the penitentiary. The building at Wetumpka will accommodate about ninety patients, and has been pronounced an excellent building of its kind by Dr. Hastings Hart, one of the best authorities on such questions in the country. It is probable that an enlargement of accommodations there for the purpose of accommodating white patients will be undertaken.

Another bill passed the Legislature authorizing the establishment of an institution for the feeble-minded. The bill carries an appropriation of $50,000 a year for four years, and provides for the maintenance. This is one of the enterprises for which the State Medical Association has labored for a long number of years and it will be a source of gratification to all of us to know that our efforts have finally been crowned with success. This bill was introduced at the first session of the Legislature. The Governor called on the Health Officer for a report, setting forth the reasons why the institution should be established, and why this class of citizens should be especially provided for as wards of the State. Dr. Partlow was asked to direct this investigation. He obtained the assistance of Dr. Haines, of the National Association for the Relief of the Feeble-minded. They made a survey of the Boys' Industrial School, at East Lake, the institutions for wayward, and the Mercy Home for Girls in Birmingham, and the Colored Boys' Reform School at Mt. Meigs. A collection of most valuable data was thus obtained and when presented to the Legislature made the passage of the bill a certainty. The State Board paid the expenses of this investigation, but it wishes to make public ac-

Digitized by Google

knowledgment of the valuable work done by Dr. Partlow and Dr. Haines, for without it nothing could have been done.

In the reorganization of the work of the Board, Dr. Perry was retained as head of the Bureau of Vital and Mortuary Statistics. Under the Model Law, new forms and new report cards had to be gotten out. This work required several months to perfect, and it was not until January 1st that the Model Law, under which we are now operating, was put into effect. The personnel of this department has been augmented to meet the increased volue of work. The results have been very satisfactory and we anticipate having Alabama in the Registration Area by the last of January, 1921.

The Laboratory has had its usual vicissitudes and yet, still remains one of the most useful departments of the Board. We have examined, this year, in the Pasteur Institute, 366 dog heads, of which 206 were positive and 160 negative; have treated 314 patients at the Pasteur Institute. There have been no fatalities. Mr. Edahl, First Assistant of the Laboratory, tendered his resignation, effective in December, to go into private work. Dr. Reynolds succeeded him, but his resignation was received, effective March 1st, to go into private practice. Dr. Salter, Director, also resigned to enter private practice. His resignation became effective April 15th. The International Health Board detailed Col. F. F. Russell, of the U. S. Army, to make a survey of the Laboratory and advise us as to the best methods of developing it. We obtained $15,000, special appropriation, for the Laboratory, which will be available October 1st. The services of Dr. E. W. Cheyney, Associate Professor in Bacteriology of the University of Wisconsin have been secured as Director. He comes to us with the very best endorsements.

The Department of Engineering, under the direction of Mr. G. H. Hazlehurst, has had an unusually active year. The Director of this Bureau is a scientific water man, and is very much interested in extending the usefulness of his department. The U. S. Public Health Service has put the examination of water supplies for use by public carriers in the hands of the State Board of Health. The Engineering Department proposes to make a sanitary survey, topographically as well as microscopically, of all of the water supplies of the State, which can be checked up with ease from time to time. A bill was prepared on drainage for mosquito control and another for the prevention of the pollution of streams by this Department, but it was found to be inexpedient to try to have them

Digitized by Google

enacted into law at the last session of the Legislature. This Department is getting out a Privy Bulletin, which will be available for distribution in the very near future.

The Department of Venereal Control, under the direction of Mr. W. C. Blasingame, is doing a most excellent work. The U. S. Public Health Service appropriates $25,000 and the State Board of Health $25,000 for this Department alone. We have eleven free clinics actively at work and 30 co-operative clinics. We have treated since July 1st, 16,828 patients, administered 63,788 treatments, which represents an economic saving to the persons treated of $370,000.00. These patients were all indigent, and could not have obtained treatment from any other source. The salvage in human efficiency, by this Department, is incalculable. There have been 197 lectures given and 277,541 pamphlets on various subjects, involving the question of sex hygiene, distributed. Mr. Blasingame is a most enthusiastic worker and a great asset to the Board.

Miss Jessie L. Marriner, Director of the Department of Public Health Nursing, has co-ordinated her work with that of the Red Cross. The Red Cross defrays the expenses of an assistant. Miss George Taylor, of Demopolis, daughter of Congressman Wash Taylor, is Miss Marriner's assistant in this work. Several surveys in different parts of the State have been made, and a number of nurses have been aided in accomplishing their tasks as rural nurses connected with the different health units of the several counties.

Dr. J. L. Bowman, of Union Springs, whom most of you know, has charge of the Department of Epidemiology. He has gone about his work with a degree of enthusiasm that assures success. He has investigated a number of outbreaks of epidemics of communicable diseases, and has made great headway in the collection of morbidity reports. The doctors of Alabama have not waked up to the importance of making these reports promptly as yet, but great progress has been made. Attention is directed to the fact that the law requiring reports to be made by physicians is not a new one. It has been on the statute books for a number of years. We had no facilities for handling the reports so no effort was made to collect them. We can handle them now and we bespeak for Dr. Bowman your hearty and earnest support.

Mr. C. A. Abele, in charge of the Department of Inspection, has covered about one-half of the State, inspecting all of the hotels, restaurants and cafes in the counties in which he has worked. He

Digitized by Google

has met with hearty co-operation from the hotel keepers and the traveling men of Alabama have given him great encouragement and very loyal support. We recently got out a bulletin in which the regulations governing hotels, restaurants and barber shops were printed. This is a very interesting issue of the State Board of Health Bulletin and it is to be hoped that it did not find its way to the waste basket when it visited your offices. These regulations have met with more commendation from the public than anything the Board has done and we are pleased to report that for the most part the druggists are responding cordially in their enforcement.

The International Health Board has recently loaned us Dr. F. W. Dershimer, of Pennsylvania, to help us in developing a Bureau of Rural Sanitation. Dr. Dershimer will have charge of the five counties in which the International Health Board co-operates with the State Board of Health on a fifty-fifty basis. These counties are: Etowah, Sumter, Montgomery, Pike and Morgan. He has entered actively upon his duties with promise of success. The International Health Board will finance other counties after October 1st, if the State will be able to furnish its portion of the money. Dr. Dershimer has been stationed in Trinidad and British Guiana for the last four years doing soil pollution work and is, therefore, well fitted for the work in hand here in Alabama.

The U. S. Public Health Service has detailed Dr. W. K. Sharp as District Health Officer, under the supervision and direction of the State Board of Health. Dr. Sharp has had a varied experience in public health work and has been very helpful in the development of the work in the several north Alabama counties to which he has been assigned. We hope to have the Service detail another one of its officers to do similar work in a like number of counties.

We have not yet found a Director for the Bureau of Education and Publicity. Different members of the Department have been getting out the monthly bulletin. We hope to obtain a Director for this Department in the near future. In spite of the fact that we had no Director, a bulletin from the State Board of Health has made its monthly appearance regularly, since October.

The U. S. Public Health Service and the International Health Board are co-operating with the State Board of Health in malarial control work in Houston, Barbour and Elmore Counties in the southeastern part of the State; Talladega, Shelby and Marengo Counties in the middle and western portions of the State. The work in the southeastern portion is under the direction of Mr. J. C.

Digitized by Google

Carter, and that in the central and western portions under Mr. Johnson. These engineers are furnished by the U. S. Public Health Service, without expense to the State.

The U. S. Public Health Service loaned Dr. Raynor to the State Board of Health, for the purpose of making a Trachoma survey of the schools of the State. Covington, Montgomery, Talladega, Colbert and Madison Counties were surveyed and the Trachoma incidence was found to be about five per cent. It would appear that Trachoma is not a serious public health problem in Alabama, but enough of it does exist to warrant careful inspection of public schools to prevent its spread. A clinic was held at Flomaton and a majority of the cases discovered were relieved by operation. Some skepticism was met in some counties as to whether or not the disease discovered is Trachoma or Follicular Conjunctivitis. The State Board of Health took the position that where there was a doubt it was very much better to treat the case as one of Trachoma. The individual could not be hurt by the treatment, but if a case of Trachoma was released under the idea that it was Conjunctivitis the whole State was injured more or less. It is astonishing to find how slow we are to get away from the idea that individual rights are paramount to those of the community. It is hard to convince individuals that their liberty should be restrained in the interest of the common good.

There have been a few outbreaks of smallpox in different parts of the State which have been stamped out with ease. There have been no serious outbreaks of diphtheria, measles, whooping cough or scarlet fever. A number of cases of diphtheria carriers were discovered when the public schools opened in the fall but remarkably few cases of diphtheria occurred.

There have been no outbreaks of typhoid fever. We had one very interesting experience near Waverly, where typhoid fever had been endemic for a number of years. Mr. Crockett, a very intelligent layman, was detailed to install sanitary privies in the community. He succeeded in building a sanitary privy at every home in the community, numbering about 260. No typhoid fever has occurred in the community since the building of the privies and it will be interesting to watch the results through the coming summer.

This work was done at the urgent request of Dr. F. R. B. Coggin, of Waverly. He had given about 200 doses of anti-typhoid serum but went the full limit in his effort to protect the lives of his people

Digitized by Google

by having, through the State Board of Health, a sanitary toilet built in each of their homes. This is one of the finest illustrations of the altruistic spirit and devotion to higher things in the country doctor that I have ever seen. He has deliverately gone about breaking up his own business for the sake of the welfare and happiness of his neighbors and friends. This piece of work makes us think of "Dr. Weelum MacLure," McLaren's hero of the Bonnie Brier Bush.

The epidemic of influenza which began in the latter part of January and reached its peak in the early days of March was nothing like as widespread nor so fatal as was the epidemic of a year ago. Its appearance in communities was not attended with the same degree of panic as characterized the 1918 epidemic. No measures have yet been discovered which promise to adequately control the spread of the disease. All health authorities agree that the assemblage of people in close apartments tends to the spread of the disease. The majority believe that it is a droplet infection and spreads by close contact. It is the general opinion that one attack gives a certain immunity from another attack and also that there is no natural immunity to the disease. Elaborate and exhaustive tests have been made by scientists all over the country. The reports of the U. S. Army will be available in the course of a few months, which will add very greatly to the sum of our knowledge of this and all other respiratory diseases.

There have been several cases of Encephalitis, or so-called sleeping sickness. Attention of health officers has been called to this disease by scientists on several occasions. It is a source of conjecture as to whether this disease is a complication or a sequel of influenza, or whether or not it it a separate and distinct disease with a definite syndrome. The latter theory is the one to which investigators lean. It is, therefore, requested that all cases of sleeping sickness be reported promptly to the State Board of Health so that careful observation may be made of the trouble. It is felt that if we are contending with a new disease every effort should be made to stamp it out of the United States before it obtains a foothold. For, while only a few cases have been observed, it is possible for it to assume alarming proportions, as has been the case in some countries in the East.

The Medical Reserve Corps, sought to be established in the various states by the U. S. Public Health Service for combating

Digitized by Google

communicable diseases was organized in Alabama with about 100 volunteers. Just before the outbreak of influenza, the State Health Officer was notified by the Surgeon General that there would be no funds to finance this work and the organization would have to be abandoned. It is gratifying to relate that there were only three calls on the State Board of Health for physicians during the influenza epidemic. We were able to furnish the necessary aid in each case.

The work in Pickens and Choctaw Counties has been discontinued. The amount, $150.00 a month, appropriated by the commissioners court of the respective counties was insufficient to do good work, and when the commissioners expressed a desire to discontinue the appropriation the State Health Officer interposed no objection, feeling that unless more money was available for the work it was better for the courts to be responsible for its failure than for the county board of health. It was impossible to do anything worth while with the funds made available. That leaves us only sixteen counties with all-time health officers, all of which are doing very creditable work. The work in the majority of them is excellent. Several counties have expressed a willingness to appropriate a sum sufficient to pay the salary and expenses of a health officer. The Board has discouraged the idea. We are working on a plan to put intelligent laymen in such counties as do not provide a sufficient sum, who shall work under the direction of a health officer having jurisdiction over several counties, and paid at least in part by the State. It is believed more permanent work can be obtained by this method.

The brilliant fight of the Health Officer of Birmingham, Dr. J. D. Dowling, to obtain a sanitary milk supply for the city, and the extension of the sewer system, calls for special commendation. Amidst calumny and criticism he has held to his purpose with dignity and fidelity. His success is a triumph, not only in good government, but reveals an awakened public conscience to the needs of the hour, and the necessity of upholding a competent and trustworthy official.

The President: On behalf of the Association, I want to thank Dr. Welch for his comprehensive and instructive, and above all things, satisfactory report; because I think the Association should congratulate itself on having such a Health Officer, as well as on the fact that our health

Digitized by Google

work is going forward with such rapid strides and in such an efficient manner.

The next paper on the program is by invitation. I have been very much interested in the work that has been done in certain counties—especially the work in Jefferson and Madison counties. I will ask Dr. Grote to tell you of the development of the public health work in Madison County.

THE FURTHER DEVELOPMENT OF A COUNTY HEALTH UNIT.

CARL A. GROTE, HUNTSVILLE.

Are we or are we not chasing a rainobw? Is our plan of work practical, and will it bear a good rate of interest on the money invested? All of these are questions which doctors and public health officials may profitably discuss among themselves, because they are the questions that the thinking public are asking of us. We are convinced that it is not only practical and a good financial investment to spend money for the protection of the health of people in small cities, towns and rural districts, but that the lack of health protection for the people living in these places is the greatest neglect of our nation. The best figures we can get seem to indicate that the death rate from typhoid fever for the entire United States is more than 25 per 100,000 population, and yet for the year 1919, in all of the cities of 100,000 or more population, totalling 28,000,000 people, the date rate from typhoid was only 4 per 100,000. In Chicago, where there are two and one-half million people living crowded together, the death rate from typhoid during 1919 was only 1.2, while in 1917 Alabama's two and one-half million people suffered a death rate from this disease of 39 per 100,000.

The difference is our large cities are spending vast sums of money for the protection of health and have well-organized health departments that are putting into effect every practical scientific method to keep their people well, while in our small cities, towns, and rural districts little money is being spent and little real health work is being done. The reason for this lies primarily in the fact that we have had no standardized or feasible plan of work. For the past six (6) years my entire time has been spent in trying to develop a plan of health work that would really reach the rural people.

Digitized by Google

In 1915 a paper was read before this Association, telling of our efforts to better health conditions in Walker County, Alabama, where funds had been appropriated to employ a full-time health officer. The funds appropriated for health work in that county amounted to about ten (10) cents per capita per annum. The educational work accomplished a great deal, and we are not ashamed of the work done in Walker County, but imagine the Health Department of New York City trying to protect its five millions of people with only enough funds to keep up its educational propaganda. In 1918 we read you an account of our work in Madison County, Alabama, where fifteen (15) cents per capita had been appropriated for health protection. The object of this paper is to simply report to you that the work in Madison County, Alabama's leading agricultural county, is still being developed. Our appropriations from all sources now amount to about thirty-two (32) cents per capita. Our department has grown from one to six employees, who give their entire time to public health activities. The county, covering 875 square miles, is our health unit and we try to render service into the remotest district. Huntsville, with ten thousand people in its small city limits, and twenty-one thousand in its police jurisdiction, forms a nucleus from which our work radiates.

The activities of our department are much the same as of other health departments, but applied to the rural districts as well as to the city. So far we have been entirely free from political embarrassment in either the city or the county. Our doctors are all giving us their loyal support, and every phase of our work is increasing so rapidly that we usually work from 10 to 12 hours a day and seven days a week. This increase in work and more especially the increase in enthusiastic co-operation being given our department by all classes of citizens, tempts us to hope that we are developing a county health unit that is practical, that will protect the health of our rural people, that will bear interest on the money invested, and thus will stand the test of time.

The President: I felt sure the Association would be interested in hearing in detail of some of the work being done by the various branches of our State Health Department. With this in view, we have three brief reports which will follow. The first is the report by Dr. Perry.

Digitized by Google

THE COLLECTION OF VITAL STATISTICS.

H. G. PERRY, MONTGOMERY.

I wish to apologize for not having a written report on this occasion. It was my intention when I asked to be put down for a few remarks merely to bring to your attention a few points which each doctor should bear in mind in the putting on of the long-desired model law for the collection of statistics in Alabama. Those of us who have not dealt with or who have not been specially interested in statistics fail to realize their extreme importance. I can recall a time when I was a practitioner I had an understanding with my health officer that when he did not hear from me, he might know I didn't have anything to report? I failed altogether to realize the importance of the subject.

Each doctor in this State who has not moved his residence in the last few months has been furnished with a copy of the law as it now is, and also with a list of local registrars of vital statistics of each precinct of each county for which a registrar has been appointed. The main requirements of the law are that there shall be small registration districts and direct reports from each district to the central office. This plan has been departed from to a slight extent in deference to the wishes of several full-time health officers who desire to make first-hand use of the reports of births and deaths occurring in their counties; so that in certain counties the reports from the local registrars go first to the county health officer to allow him the privilege of culling certain facts before they are sent to the central office for tabulation.

I hope each of you has read this law and also the suggestions that were set out for doctors, for mid-wives and others, in regard to reporting.

Since its operation began, January first, we have not had sufficient time to try it out on its merits in our own State. However, the same law, or one similar in most respects, is in successful operation in forty-one states. And we take it Alabama is not very much better or worse than those other forty-one states; that we have the same kind of people and doctors, and should get about as good results as these other states.

A good many complaints have come to us from doctors and others. Some say they will not report to the local registrar. They make that broad statement in the face of the fact that the law says they must do it. We feel that every doctor in Alabama desires

Digitized by Google

at least to be a law-abiding citizen, and whether the law meets with his approval or not, he is in duty bound as a citizen of the State to obey it as well as it is possible.

The complaint is made that physicians who have practice extending into more than one precinct in the same county, or sometimes into more than one county, find it burdensome to make reports of their births or deaths to the registrar of the precinct in which they occur. The answer to that is this: The law fixes as a basis that the report must be made to the registrar of the district in which the birth or death occurred. As far as it is humanly possible, that plan should be carried out. If a physician is reporting by mail, it is immaterial with him whether he reports to one registrar within a mile, or to another ten or fifteen miles away; so that that could not be an excuse.

Then the laymen must be considered in this matter, and one of the most important provisions of the law is the requiring of a burial permit before a body can be laid away legally. That requires the carrying of a death certificate to the registrar of a district in which the death occurs, or the one most convenient, to issue the permit, so that burial may not be delayed.

A great many reports are made by midwives, and they should have the opportunity of reporting as conveniently as possible to the registrar of the district in which they are situated.

Very many of the lists of registrars have been modified since the printed lists were sent out, but a little inquiry will enable you to correct your lists.

For the two months of January and February, in which a comparison was made with the same months for last year, we found that notwithstanding the fact that we were not getting reports from all our registrars, it was evident the system was going to be more complete than our former law. During January and February, 1919, there were 6,100 deaths reported, of which about 2,000 were the result of influenza, leaving 4,100 normal deaths. For this year, notwithstanding the fact we had reports from only 41 per cent of the registrars—not one-half—we collected within 100 of the number of deaths we had the year before for the same time.

For the births for the same period, we collected 1,000 more reports than were reported for the previous year. For the first month we had only 41 per cent of our registrars reporting; for the second month, 64 per cent. In the course of a short time those

Digitized by Google

reports will come in up to 100 per cent. The private practitioner can go a long ways to help put this law into successful operation. I wish to plead with you to use patience and discretion and to do all you can to assist, and not to kick. By that means, before another year is passed. I feel sure Dr. Welch's prediction that we will be in the registration area will have been realized.

PUBLIC HEALTH AND PROFESSIONAL ETHICS.

W. C. BLASINGAME, MONTGOMERY.

Gentlemen of the Alabama Medical Association:

But for my inherent love for and faith in "my doctor" I would feel altogether out of place today. In my earliest childhood my father's business partner was our family physician. Dr. Cook was the typical small-town doctor of forty years ago—a steward in the church, a member of the board of trustees, a recognized civic leader, and every mother's friend. The tradition of such lives is today at once the greatest asset of the young physician and his greatest inspiration for service.

In my later life it has been my good fortune to count among my most intimate friends, members of your profession who under every test between dollars and humanity rose to my ideal of the true doctor and sustained the traditional standard of ethics.

You have a new test being applied today that proves severe in these days of "High Cost of Living." It is the public health measures promulgated for the benefit of humanity in general by decreasing the demand for your services. The public, animated by the traditional loyalty to the doctor, turns first to you for advice, believing that you will render an honest verdict regardless of its effect on your finances. No other profession, if I read history correctly, has been so tested by a public with such implicit faith in the result.

And yet public health work is not new. As a child in middle Georgia I learned a mysterious word, "refugee," applied to people from Savannah, Jacksonville, and other coast cities, traveling in buggies, wagons, and otherwise, camping as gypsies, until some friendly home would shelter them while the terrors of yellow fever had them driven from their homes. You solved the problem of yellow fever, and today even the word is obsolescent except in history. Black death and other scourges have held sway for a season and been conquered. In recent years the Great White Plague has been openly fought, and its ravages checked, by you and

Digitized by Google

a public becoming constantly more enlightened. You won completely over the Black Plagues and yellow fever. You have a winning chance over the white plague, malaria, typhoid, and hookworm. For you have fought these in the open as diseases. In no great battle against disease did you ever conquer until you had won to your aid the first essential in all wars—enlightened public opinion. Malaria, typhoid, hookworm will disappear when public opinion is sufficiently aroused and informed to demand their extinction.

The "Third Great Plague,' the red plague of syphilis, is by far the greatest foe to the human race today. It has been shrouded in mystery, wrapped in the silken veil of secrecy, and fought in complete silence. But one result could have been expected—failure. When the war came, and you learned that syphilis and gonorrheas had incapacitated so many young men for service, and that after they were inducted into service these causes led to more loss of time than German bullets and all other diseases combined, the public was made aware of these things and invited to aid the army in the control and elimination of these diseases from the nation.

It must be remembered that it is the same public opinion that banished the plagues and that still controls our social and civic life that we are inviting to this contest, and it will respond when informed, and not till then. When the public knows that venereal diseases are at once soil, fertilizer and the cultivator for tuberculosis, that more degeneracy is caused by syphilis than by all the plagues of history, that more operations on women are of gonorrheal origin than of any other, if not of all other, causes; that homes for blind children, where all the horrors of darkness to children is multiplied by perpetual darkness, are chargeable to these causes; when the public knows these and many more shocking ills resulting from gonorrhea and syphilis, it will *demand* their control and eradication.

Dr. Snow says:

"The pendulum has swung back and forth between general ignorance and widespread interest, foolish indifference and unwarranted fears, impatience over slow progress in applying old measures, and confusion over continued controversies relative to new measures.

"In the case of syphilis and gonococcus infections, the public health problem has been theoretically more hopeful and practically

Digitized by Google

more difficult than for any of the others. The basis for control of syphilis and gonococcus infections must be the same in principle as that for the control of other communicable diseases. This must be recognized, else we will fail. The medical profession as well as health officers and military authorities are quick to endorse this point of view, but slow actually to put it in practice. To illustrate: in smallpox, we use every means to diagnose and treat the patient for his own sake and promptly report the case to the health officer in an effort to protect the community through such measures as he may deem it necessary to take; in syphilis, when the same individual comes to us, we talk much of the Hippocratic oath, of personal liberty of the patient, of the tragedy of a broken home if the patient's wife should learn of his disease. The plain fact is that public opinion has not been forming for generations in support of a genuine public health program against syphilis as it has against smallpox, and we have not had the courage fully to apply our knowledge until that opinion is formed. In diphtheria, we not only report our cases, but we follow them into the home and the school or business, and examine their associates for the detection of other cases or carriers. If we were sincere in our belief that the venereal diseases must be attacked as a public health problem rather than as an adjunct to a moral one, we would work out practicable measures to compass the same results which we achieve in diphtheria. In malaria, we have long advocated the elimination of swamps and the protection of the uninfected portion of the population from the bites of malaria-carrying mosquitoes; but in venereal diseases, we not only withhold from the health officer information of known foci of infection, but encourage him to state that he has no interest in the elimination of red-light districts and other recognized centers for spreading these diseases. Here again the fact is that we know better, but have not urged our officials to assume leadership in solving such a complicated and disagreeable problem. In tuberculosis, we take infinite pains and spend millions of dollars to advise, treat, and give aftercare to persons who are found to be infected; yet in syphilis and gonorrhea cases even our best clinics have made comparatively little headway in following up their patients and keeping them continuously under treatment, and our physicians as a rule either will not treat such cases at all or feel no responsibility for keeping them under treatment and instructing them concerning the protection of others from infection.

Digitized by Google

"Such inconsistencies between the theory and practice of regarding the venereal diseases as a health problem are due to failure in the past to develop public opinion in support of a rational campaign, but much has now been done in this direction and the demonstration of practical measures during the past two years in every part of the United States has prepared the way for rapid progress."

Gentlemen, as a lay student of these subjects, I am growing pessimistic about the cure of 'that bad cold," gonorrhea, unless efficiently treated in its early stages. I appeal to you as honest men, possessing the confidence of mankind as no other profession has ever done, so to prepare yourselves for the treatment of this trouble as to hold this confidence by effective treatment and so to instruct your patients on their first visit that they may persist in their treatment until cured. I appeal to you to prove to your druggist that each individual case needs individual diagnosis and treatment, and to win the faith of your druggist as completely as tradition and practice have given you the confidence of your patients. (This last is a big undertaking, but necessary.)

As a student and observer of clinic practice on syphilis I am convinced that there is no greater betrayal of confidence possible among men than for one of your profession to lull a man into a feeling of safety with one or two shots of "606" for the paltry fee. In one of the clinics recently I saw a boy get his sixth shot. He had been sent there by a G. U. specialist who refused to accept his last dollar for the administration of three shots [all he could pay for], which the physician knew was wholly inefficient, but would only patch him up to go out and marry, infect an innocent wife and transmit it to a more innocent child, and finally die of some complications called by other names but known to all physicians as complications of uncured syphilis. That physician, by that act saved a citizen to Alabama, the support for an indigent mother, made possible a healthy husband and father, who can later pay honest doctor bills for other services you may render.

But you say, how is that doctor going to live if he sends his patients to a free clinic; why not render the services asked so long as the money lasts and then send him to the free clinic? First, the three shots he was able to pay for would have lulled him into a feeling of safety and he would never have gone to the clinic. In his later sufferings from complications he would have abused the doctor for his false hopes, and when he had become an invalid or

Digitized by Google

partial decrepit, become a subject of charity on his family or community. As it is he is a worthy citizen, self-supporting, and able to pay bills for other sickness he may have. What was apparently a sacrifice on the part of that physician becomes in the long run a patriotic service to the community, to the family, and to the physicians who practice for him in the future, as well as to those who would have been compelled to render him a bit of charity service. I commend this physician to you as an example of the old school that won for you and your profession the implicit faith of mankind, and made your profession the peer of any practiced by civilized man.

The free clinics, by taking those unable to pay, are a blessing to your profession, relieving you of this type of charity practice, restoring the hopeless to economic independence, and preventing the contamination of their associates. The clinics are your friends, gentlemen, and I commend them to you as such.

* * * *

At the first session of the Legislature there was a law passed requiring a certificate of freedom from venereal disease from a reputable physician as a pre-requisite to securing a marriage license. The probate judges are enforcing this requirement by placing these certificates on record. I believe I could offer you no greater offense than to say that the probate judges are more law-abiding as a class than the physicians.

We are treating some "newly-weds" that give every evidence of gross carelessness on the part of the physician giving the certificate. There is a current rumor that even some of you do not attempt to check that these examinations are taken by many as a joke, and certificates issued after a few careless questions, and practically no examination. This is not the general practice, but the rumor continues to circulate. I wish to appeal to every member of the profession as individual doctors, to the State Association as a representative body, to lend your efforts and influence to make this law effective.

Perhaps the first step in doing this would be to report to my office every applicant whom you reject. The law requires you to report every case diagnosed or treated. Every application rejected is a case diagnosed. Will you please state in this report that it is a rejected applicant, and not a case treated. If the proper use is made of this report, it will go far towards standardizing examinations. A Wassermann should be required in all doubt-

Digitized by Google

ful cases. Since these are made free it will add very little to your work, and nothing to your expense.

The womanhood of both races deserve at your hands the most careful and conscientious protection on your part, and I shall endeavor to create a demand throughout Alabama that these certificates come from the family physician of the prospective bride. Your efforts to encourage this idea will prove most effective. The young women of Alabama, the prospective mothers of the next generation, and the next generation itself, appeal to you in their very mute confidence and implicit faith to protect them in their entrance upon the most sacred duty of life.

* * * *

Just a word regarding your reports: The law as originally written intended to have the names of all patients given, sending them in a sealed envelope. It was later amended to allow only the office number of patients given, and by oversight, the change from making these reports in sealed envelopes was overlooked; so you now have it requiring them reported by number in envelopes. We shall willingly furnish the envelope if you prefer, but there is no reason why you should not use this card without the envelope.

For some months approximately 500 doctors reported venereal diseases monthly on blanks furnished by my department. Last month when the Bureau of Epidemiology furnished the form No. 3 cards for these you just did not report venereal disease cases.

Now, gentlemen, in a singularly peculiar sense, the State Board of Health is your child, or rather son of more than 50 years. It is inconceivable to me as a father that you should treat it as a child, and dwarf its growth and usefulness by failing to carry out its plans. For "what man is there among you who having a child ask for bread will give it a stone, or ask for a fish and you give it a serpent." Gentlemen, in asking these reports of you, we are asking both meat and bread for the system you have created, for the physical welfare of all Alabama, and for the very perpetuity of your organization. You will not fail; you have never failed in a crisis; and this is a crisis. Please let me have your reports.

Vice-President H. S. Ward, Birmingham, here took the chair.

Digitized by Google

REPORTING COMMUNICABLE DISEASES.

J. L. BOWMAN, MONTGOMERY.

Mr. President, Ladies and Gentlemen of the Alabama Medical Association:

If I were to judge by what I have heard since I have been in attendance on this Association, as well as in my rounds through different parts of the State, my Department is the only one that is really threatening to make the members of the medical profession a bunch of clerks and stenographers, and abolish the practice of medicine. It seems to be the opinion of a great many men that it takes a great deal of time, and would take all their time to report their cases of communicable diseases. However, I think that if the profession will make the endeavor conscientiously to report every communicable disease, in a very short time they will find it requires an insignificant part of their time; and we hope to be able to show them that the time has been well spent. Certainly if the profession is interested in the scientific and educational value of the incidence of disease and in the prevention of disease within the bounds of the State, this work will be seen to be necessary.

This Department got into action—at least we received the first report of communicable disease under the new organization—about the third week in January. Since that time up to the 17th of April, there have been 535 doctors in the State who reported diseases on the regular form. There were a great many more who reported in every conceivable way, from a prescription blank to a telephone, and on every blank ever issued by the State Medical Association or any city or town within the confines of the State of Alabama. So that in taking stock up to the 17th of April, we find there have been something over 22,000 cases reported; that of these, about 17,000 were influenza, leaving 5,000 cases of other disease. That compares very favorably with some other states. Just before coming to this meeting I received a report from the State Health Department of Kansas for the first three months of this year. They reported having received a report of 25,000 cases of communicable disease, of which 20,000 were influenza.

Now, gentlemen, I am going to tell you just how we have organized the Bureau of Communicable Diseases, and what our plans are. Then I am going to ask you to give us your hearty support in carrying out our plans. I know that in the majority of counties

Digitized by Google

of the State, each county would like to work that particular county on just a little different plan. One would like to report all its cases to the county health officer; another does not like to report any to the county health officer, and wants to report all to the State Board of Health. One doctor would like to have one form; another doctor would like to use another form. If we could make as many varieties as are desired, we would have quite a task. And so we endeavored to formulate one plan for the whole State that would meet all the needs and accomplish the most good.

The law requires when there is a case of communicable disease, that the County Health Officer be notified, and also the State Health Officer. In order to make this the least inconvenient to the physician, we devised a double post card form—both self-addressed when they reach the physician—one of which goes to the county health officer and the other to the State Health Department. We find when a great many physicians look at that card, it grows in size as though they were using a magnifying glass, and the why's and wherefore's of the double post card become the paramount question.

A section of the law of the State of Alabama is copied on the face of this card so there is never a question as to what diseases you shall report. There's another thing about this report that seems to be very large. Yet I submit this proposition to you: that there is not a single disease in the whole list that the proposition of public health and control does not enter into. Again, there are a number of diseases which you probably will never see—or the majority of the doctors never will. So when you measure the size of that list, only measure it by the number of diseases in the list that you are going to find. I suggested to one of my friends this morning who was questioning this list, that part of these diseases were for the education of the physician, because when he saw these names on the list, he would get down his medical dictionary and find out what they were!

Now, gentlemen, the plan of initiating this system begins by our sending to each physician in a county twelve cards—that's the usual number. We send a small number because we want to know just who is doing such practice as will have need of report cards. We keep tab on every doctor who reports on this regulation card, and we know just how many cases he has reported. We know every individual doctor in the State who is reporting on this form. It is just as impossible for us to keep up with all the methods of

Digitized by Google

reporting the different doctors have as it would be to establish many systems of bookkeeping for the same business.

Whenever a doctor has sent in sixty or seventy-five per cent of the cards, we immediately mail him two or three times as many cards as he has sent, depending upon the length of time it requires him to send in six or eight. So that he can forget his supply of cards unless he is using them to build a fire, and we will always keep him supplied. In this way we are going to know just who is reporting and who is not, and we are going to persist and ask co-operation. We are going to use every means that we possibly can to get the medical profession to co-operate with us in giving full reports of communicable disease in this State.

I cannot conceive the doctors are busier in Alabama than in New York City. Yet how many would be in jail if practicing medicine in New York instead of Alabama, when it comes to a proposition of reporting communicable disease?

I went to Maryland to see what they were doing up there in the way of reporting. It seems those men who had charge of that work took it as a joke that we ever expected to get the doctors of Alabama to report on communicable diseases. I do not believe the medical profession of Alabama is one whit behind the medical profession of Baltimore or New York; and I believe when you get a fuller view of this proposition, we are going to get full co-operation and full reports from every doctor in the State of Alabama.

I am very proud of the progress that we have made thus far, considering the number of cases, and the further fact that probably for the first month we had quarantine and health officers in only half the counties, and received reports from those counties only.

I would appeal to you to give us your support. You may have an idea we are all wrong in some of the things we ask; that your county won't back us up in what we ask. But if you will give us your support for a short time, I believe the whole State can be brought into line to report in one definite way; and that my office and your office, if you are a county health officer, will not be compelled to work differently from any other office—in other words, that we can work under one system, and work together in unity, because in unity there is strength. "United, we stand; divided, we fall."

Gentlemen, let me ask you again, give us your help and co-operation and let us show you what we can go. (Applause.)

Digitized by Google

Vice-President Ward: We have with us Miss Lint, of the National Organization of Public Health Nursing, who wishes to have something to say to the Association, and she has been granted opportunity for a short address.

THE PUBLIC HEALTH NURSE.

MISS LINT, NEW YORK CITY.

Members of the Medical Society of Alabama:

I have been very persistent in getting before this audience for the reason I believe you are as much interested in nurses as I am.

I have just come from a conference in Atlanta, representing 60,000 nurses of America, where we have been for ten days. Our program is rather definitely outlined for the coming year. I believe you realize as much as we do, being physicians and our work so closely allied, that we need more nurses. There is a shortage, but there is no greater shortage of nurses than of other workers in the country today. There are not enough teachers. There are not enough physicians. During the epidemic we have felt of course there were not. And there are not enough laborers.

Coming down on the train through North Carolina I happened to meet five or six managers of large mills, who told me they were closing down sections of their mills for lack of operators. They wanted public health nurses in their industries. We have to furnish them just as fast as we can. But we do not want young women to go into the nursing profession not prepared, not old enough, or who haven't the right sense of what it means to be a nurse. We do not want nurses going out from training schools not properly equipped. We do not want them to be public health nurses and attempting to do the preventive work of the country unless they are equipped.

"How are we going to get this?" is the problem that faces us. It is a question we have been discussing for some time. The National Organization for Public Health Nursing, of which I am a secretary, has for eight years been putting forth every possible effort to give more training, better training, for intelligent, educated young women. We have now through our efforts and the assistance of scholarships, through the Red Cross and the Rockefeller Foundation, and individual men and women, done much in this direction. This year alone we spent $175,000 in scholarships for graduate nurses to take post work in schools to prepare for

Digitized by Google

public health nursing. We hope next year we will have $500,000 to do this work. We have started twenty-five courses for public health nurses in the United States. We have standards.

We have a well-equipped library with forty-eight centers—one in Washington—where doctors or people interested can get material to understand better what public health nursing means to the country.

We believe we are a medium through which the physician can get done what he really wants done in homes, with his patients. We believe it is possible to teach and help to make a better country of happier homes, and there is no one who knows better than the physician whether we can or not.

When the war came, I was asked through the National Organization to become the director of the United States Public Health Nurses in certain zones. I did the work for eighteen months, and we did fairly good work. A great many nurses were away, but we did the best we could. I traveled something like 14,000 miles in fourteen months, and placed three hundred nurses—most of them supported or taken from the Red Cross. We introduced public health nursing in the government, and today they are telling us they want 50,000 public health nurses, and we only have 8,000 trained public health nurses.

We must start out for recruits. Our program for the coming year is to get more intelligent, well-educated young women to go into training schools. In order to do this we must better equip our training schools. We must have better teaching, better everything, so that you will send your daughters and sisters. There are training schools in every state able to give what is necessary to equip them. We do not want to cut down the time of attending unless we can give them all they need so that when they are turned out they will be full of enthusiasm and interest and a strong desire to serve humanity. We want high school graduates, and normal school girls, in our profession. We want teachers and college women. We can get them if we offer them the inducements that other schools of learning are offering to their students.

What is going to happen to our hospitals? I have been told in state after state the hospitals are almost closing down because they can't get students. Why? Because we have not told them how much is in the proposition that makes life interesting; how much they are a help to other people.

What can physicians do without nurses? You need them, and we want to get them ready to help you, but we must have your

Digitized by Google

backing and understanding. We must not lower the standard. If we do, we are going to regret it. If we shorten the course, we must be sure we make no false steps, because you do not want to turn your patients over to a half-trained woman. Some of us for thirty years have been struggling to bring up the standard. Let us keep it up and get more fine women into the profession, and ask their last six months be given to some specialization. If it is public health, let them have public health. But let's not lower the standard.

We believe the whole world is going to celebrate Florence Nightingale's birthday on the 12th of May. This will be an opportunity to bring before the graduating classes of high schools, normals and colleges a picture of the life of a wonderfully useful woman, and they will want to enter the profession; and then we will set about getting better standards.

We have the reputation today of being the best-trained nursing group in the world. Several different nationalities were represented at Atlanta—girls who were going back to their home countries to apply to their own people the knowledge gained here. It is an enviable position that we have reached, and we must continue to hold it, and we can only do it by keeping our standards high.

We have offered a $500 prize for the best play written of Florence Nightingale's life. We have nine tableaux ready to be acted by any group of students throughout the country. We have a Public Health Nursing magazine published every month. It is of high literary value. We have our American Journal for Graduate Nurses. We have special sets of books written by experts in the profession of different specialties—tuberculous nursing, etc.—which are valuable for all nurses to own or have access to. We have compiled quite a valuable amount of literature. We hope more of the profession will call upon us for help. When you come to New York City, if you care to come to the office and see what we are doing, we will be delighted to have you. Miss Crandall is the Executive Secretary. Our Advisory Council has such members as Professor Winslow, Dr. William Welsh, Mrs. William K. Vanderbilt, and many others.

In our meeting in Atlanta we had forty or fifty prominent women of the country devoting days of their time to encourage and stimulate the growth of the associations in their communities. Two Virginia women came to stay two days, and stayed seven. One was appointed on the Industrial Section as our lay member in the

Digitized by Google

State of Virginia. We have the constant encouragement of our women throughout the country.

I hope you will go back to your counties and sections, and if you have not public health nurses there, that you will ask your wives and daughters to become interested in it. Tell them to write to us and let us send them literature.

Dr. Welch has started one of the best organized pieces of work through the State Health Department. His report was absolutely thrilling in its completeness. He has his specialized public health nurse who can go into the homes and give advice and assistance. She is one of the directors of the Public Health Association. We hope that you will, inside a year or two, have your county units, and that in each county unit there will always be a small or larger staff of public health nurses to go into the homes and help teach the people; to be an assistant to the health commissioner.

After all, you are all too busy to stay and show the people how to do things. That is what we are for. That is what we want to do. We want to go into the schools and have clinics there; of prenatal mothers and shows them how to feed the babies, under your direction; to know how to reach them in their own home life, because it all starts in the home—all the trouble and all the happiness—and if we cannot work with them there, we cannot know how to help them.

We have made a film which has been a great source of anxiety. It is the first public health nursing film that has ever been made in America. We were fortunate enough to have a friend who said she would underwrite it if we would put it through. I spent five weeks on it and I was frightened to see it after it was done. Our friends have written us congratulatory letters and we are beginning to feel we have a film worth while. Several health departments are beginning to order it. We believe this is the chance for you to see it. If you care to have it in your State Health Department and loan it in the counties, we are anxious for you to judge whether it is what you want. If you want to raise funds or enthusiasm or interest in public health nursing, and particularly in rural sections, we believe this film may be of assistance.

It will be shown to you now. Most of the theme is laid in rural communities in different parts of the United States. The Indian, as well as the negro of the Southern section, is brought out clearly.

I thank you.

Digitized by Google

(Here the film was shown, which created interest and brought forth hearty applause.)

The President: We are all greatly indebted to Miss Lint for her talk and also for this interesting picture.

Member: I was very much interested in one statement she made that the doctors could not do without nurses. Quite a number of doctors take those nurses into partnership and they go out of the nursing profession. I would like to have Miss Lint tell me how we can keep the good-looking nurses from marrying? If she can answer that question, she will have solved a big problem.

Following the showing of the public health film, a paper was read by Dr. W. W. Harper, Selma, on "The Differential Diagnosis of the Paralyses of Infants."

This was followed by a paper on "Types of Influenza Seen in Industrial Practice," by Dr. J. G. Wilkinson, of Brookside.

Owing to the lateness of the hour, these papers were not discussed.

(See Part II for papers.)

The Association then adjourned until 8:00 P. M.

SECOND DAY.

WEDNESDAY EVENING SESSION.

April 21, 1920.

The Wednesday evening session of the Association was a public meeting, which was called to order at eight o'clock by the President.

The President: I sometimes think we are so intent on what we are doing ourselves that we are apt not to look around us to see what the other fellow is doing. We can always with profit look and see what the other fellow is doing, and how he is doing it.

Digitized by Google

We have a wonderful Health Department in our State which is being developed rapidly and is doing big things. Some of our sister states also have splendid departments of health. We are fortunate in having with us tonight a man who has been instrumental in building up a splendid health department in the State of Mississippi.

I take pleasure in introducing Dr. Felix J. Underwood, President of the Mississippi State Medical Association. (Applause.)

PUBLIC HEALTH WORK IN MISSISSIPPI—PAST AND PRESENT.

FELIX J. UNDERWOOD, NETTLETON, MISS.

(For paper see Part II.)

The President: I want to thank Dr. Underwood on behalf of the Medical Association of the State for his very interesting discussion of the work in Mississippi, and to congratulate him on the way that work is being conducted.

Any of us who has ever thought much about health matters comes soon to realize that good sanitation and good health in any community can be measured to a large extent in dollars. We must have laws, and we must have dollars in order to carry out the measures necessary to get good health and sanitation. To get the dollars we must go to our State legislators. We must go to our public men. In Alabama we found it necessary to go to the State legislators on numerous occasions to ask them to enact certain laws and to appropriate certain sums of money. It has not been easy, because we always have opposition. Perhaps, as Dr. Underwood suggests, we will finally do as their state does. But it is a great help to have some public men who appreciate our efforts; who know what we are after, and know what can be achieved if we get such funds, and the funds necessary to conduct this work.

Digitized by Google

There is one man who has been in public life a great many years in Alabama, who was recently Speaker of our Legislature, who has always been friendly to the organized Medical Association of Alabama. Whenever anything has been asked of him, he has always done everything he could to help us out. That man is Hon. Henry Merritt, of Montgomery, and I take pleasure in introducing him. (Applause.)

RECENT LEGISLATION IN ALABAMA ON PUBLIC HEALTH AND SANITATION.

HON. HENRY MERRITT, MONTGOMERY.

Mr. Chairman, Ladies and Gentlemen:

I count it quite a privilege and an honor to appear before the Medical Association of the State of Alabama. I realize at once I am standing in the presence of the most learned, the most highly educated, the most courageous and the most unselfish class of men in the State.

I want to make in the very beginning a correction, because if it were not made in the beginning, it would have to appear in the course of my remarks. The Chairman said I had always during my public career been in sympathy with legislation proposed by the Medical Association of Alabama. This in part is correct, and yet on the whole it is incorrect. In line with what I shall have to say, it becomes necessary for me to state I have been a member of the Alabama Legislature for a number of years; in fact, I have been a member for the last four consecutive sessions. I am like my friend, Judge Lackey, who said he went to the Legislature forty years ago, and had never been able to outlive it! Indeed, I do not care to outlive it. There are some things I would like to change, but there are some things I would not care to change.

The correction in the statement made is this: In the very beginning of my career in the Legislature of Alabama, I must say that the legislation proposed by the Medical Association of Alabama did not appeal to me. In fact, I was prejudiced. I had been told that the Medical Association fathered legislation that was not well for the people. So as I say, in the beginning I was prejudiced somewhat against the legislation proposed by the Medical Associa-

Digitized by Google

tion of Alabama. Not until 1915, after a most complete and exhaustive examination into this Department of our State, did I become fully convinced that in the measures proposed by the doctors and Health Department of Alabama we had one of the strongest arms of our State government. Since then I have grown stronger in the belief we could make absolutely no mistake in turning over to the doctors of this State the execution of the health laws of the State. (Applause.)

I said after an exhaustive examination into the question. I desire to say in this connection that as chairman of the committee that sat in Montgomery in 1915, we went carefully into this question of the Health Department of the State. I remember that great man—and I may say I started out prejudiced toward him—Dr. William H. Sanders (Applause)—I can never forget him as he walked down the streets of Montgomery going regularly to his office at the Capitol with that little umbrella under his arm; how he labored with us and tried to show us what the Medical Department of the State was doing. That did not satisfy us, so we put the matter to the acid test.

I think I may be pardoned for calling attention to just one circumstance you have possibly forgotten, but that you will readily recall when I refer to it. There were a number of young gentlemen in the State who had applied to the Medical Board and stood and examination, and the Medical Board had turned down some of them. Quite a complaint was made that the papers were not graded fairly. We had members of the committee who seemed to be in sympathy with that contention. In order that the matter might be looked into, we bundled up those papers, sent them to Vanderbilt University; and the medical experts there graded those papers, and they gave these young gentlemen a more rigid grading than had been given by the State Medical Board.

I became convinced, and we all became convinced, that this great department was doing one of the most valuable services of any department in connection with the State government.

I am leading up to what I wish to say tonight with some trepidation. I have thought as to what I should say and what I should not say; as a layman, I know it would be ill-becoming in me to speak of what this great fraternity should do and should not do. Indeed, I dare not speak of that. When I recall that very recently this very system has been attacked in the courts of this State, I still feel that, occupying the position I do—yet it is a question

Digitized by Google

that would never come to me in the court upon which I have the honor to serve—but I feel some hesitancy in saying anything about this system that has been spoken of so much in the State and which has been the bone of so much contention. Yet I may be permitted to speak of it on account of the fact that the judge trying this case, and the judge before whom the bill was filed, whereby we delivered to you the privilege of carrying on this work, this judge has declared that bill filed to nullify this law has absolutely no equity in it. (Applause.)

So I may say in our investigation in the Legislature of Alabama, that we, as representatives of the people of the State, delegated by the people to act in a representative capacity, have declared by this solemn enactment that we passed over to the doctors of Alabama this legislation and the execution of it. That appears to me to be the sensible and right thing to do.

The truth of the business is, when I first came into this world—when you first came into this world—one of these good men no doubt was there. When you go out of this world, one of these doctors will be there. And so far as I am concerned, I want him to be there in a hurry. I want him right there. I may criticise the doctor and disagree with him, but let me tell you: I believe there are two men I want close around—I want the doctor and the preacher if I can get them. I feel just that way about it. So I say tonight it looks to me like the Legislature of Alabama has acted absolutely right in handing over to you as guardians and in trust this great question to deal with.

I can do no more tonight, in the short time I will speak to you, than to call attention to some of the things included in this enactment. Yet you are just as familiar with this legislation as I am. But there are things there that strike me as being of the greatest importance.

I think it is written into that bill there shall be kept in the State Health Department a record of the births and deaths in the State. That is a good thing from any viewpoint. As I read that enactment the other day, it occurred to me it would at least in future prevent some of these politicians from claiming they had been born in at least a dozen counties in the State! (Laughter.) It is said of certain political candidates—and I think it may be truthfully said of many—when they are seeking the suffrage of the people, as they go to this county and that, they claim they were born in that particular county. I was in a certain county the other day, and

Digitized by Google

the circuit judge, in introducing a gentleman, stated: "He is a native son of this county, born over here in the hills, and we ought to stand by him."

I had heard that gentleman speak on another occasion, when he said he was born in another county. I said I was born in another county, but I wished to assure them of one thing: If I were ever born again, I hoped I would be born in their county. (Laughter.)

Then there's another thing: We have a great mania for looking up our ancestry, and building up and marking out and keeping a record of the family tree. Those records will be quite a benefit to these fellows building a family tree. They can search into your department, Dr. Perry, and find out when the family was born. And its value, I am sure, appeals to us in many other respects.

There's another provision which says this department shall have supervision over and inspect all the drinking water used in public places in this State. It strikes me that since we are on a water diet, this should be very beneficial. Surely, seriously speaking, as the water we drink is the medium of conveyance of so many diseases, this certainly should appeal to us as a wise health enactment.

Dr. Welch spoke of the regulation and supervision of barber shops.

I am impressed with the fact that report should be made to the health authorities of all the contagious diseases in this State. I think the Health Department made a high-water mark when it wrote a solemn enactment that before any man in this State should contract marriage, he should undergo a physical examination. (Applause.) As I heard that bill discussed and saw one earnest layman after another rise and support it, and as I remember just now the remarkable debate on that bill, I had my mind made up to vote against it. Then I looked back in the hall and I saw a nineteen-year-old boy—my own boy—and as I looked into his eyes and saw how intently he followed that discussion and heard this and that reason advanced, which you can imagine in your own minds tonight, I said: "It may be wrong, and may not be carried out; but so far as my vote is concerned, it appeals to my heart and I shall vote for it."

I did vote for it, and I believe it will prove one of the most wholesome enactments passed by the last Legislature. (Applause.)

Digitized by Google

As I heard the address made by Dr. Underwood tonight as to what Mississippi was doing for her Health Department, I thought in every way as he spoke of it that we can "go Mississippi just one better." But when he said for two years they had appropriated $260,000, I believe they overtopped us in Mississippi when it comes to putting up the money. But I think we have done well for the Health Department in this State. We appropriated $90,000 for the fiscal year ending September, 1920; $125,000 for the fiscal year ending September, 1921; $150,000 for the fiscal year ending September, 1922, and $15,000 for special laboratory work. In view of the financial condition of our State at the time, I think as regards the financial support we have given the doctors of this State, we did well. Yet I realize, and you know, no organization of this kind can be carried on without money.

I am like a good judge who is a friend of mine. Another friend said to him, "Let's go up and have a little game."

"There are just three reasons why I can't go into that game with you," said the judge. "In the first place, I have no money."

"Well, d—n the other two reasons, if you have no money!" (Laughter.)

I am just talking tonight. I want to tell you a little story. In Macon County during the war I was chairman of one of the drives. I had spoken to the white folks, so I said, "Boys, you go out and speak to the white folks. I believe I will try my hand speaking to the negroes. They just 'Amen!' and help a fellow along, and it is easy to speak to them." So I did.

Towards the close of the campaign, a negro man walked into the bank and went to the president and said, "Did you ever hear Mas'r Merritt make a talk?"

"Yes, I have heard him in the court house several times.

"Well, he makes a powerful talk. He talked at our church last Sunday. He mighty near took the roof off, and he talked for two solid hours."

"What in the world was he talking about all that time?"

"Well, now, he never did say." (Laughter.)

So I am just talking tonight.

I realize that there are doctors in this audience who will say, "We are opposed to turning over to the Health Department of the State so much money to spend as they please without an accounting." I cannot agree to that statement. I say in the first place they do make an accounting, and I say those accounts have always been checked in Alabama, and found absolutely correct; and I say

Digitized by Google

if I am willing to risk my life with this doctor, and have him administer to my wife and children, I will not hesitate to turn over to him $90,000 a year to expend for the public health of Alabama. (Applause.)

I have faith in these doctors, myself. They make mistakes, of course. Even lawyers sometimes make mistakes! I believe they say the doctors bury theirs, and we air ours.

But it takes money. So far as I am concerned, I guess I won't be back to the Legislature any more; but I will say this: I have tried to do by the doctors in Alabama, when I did see the light, just exactly like I am trying to do by the school interests.

Did you ever visit a session of the Legislature in Alabama or Mississippi? In Alabama there are only fifty days in four years for the greatest corporation you have in your State to meet and transact the business of that corporation. What does that mean? It means, as a matter of fact, you carry your legislation there like you carry your corn to the mill, and pour it in a hopper. The wonder to me is that any wholesome legislation at all comes out of the hopper. I am not complimenting myself, but Dr. McLeod and Senator Acker and others constituting that Legislature, when I say with this great mass of legislation brought there and poured in the hopper, they have done exceedingly well for it to be as good as it is.

So far as I am concerned, when the doctors of Alabama come to the Legislature and say: "Here's the legislation we want. Here's what we have studied out, and considered, and here is what is right and just," in the main, I take it without question. I have done the same thing for the Educational Department of this State. Other members of the Legislature have had to do the same thing. We have not had the time to digest it. My good friend, Huddleston, hasn't always taken it; but in the final wind-up he is always there.

I want to conclude my *talk* by saying, that whatever you have in Alabama in the way of legislation is not due to the Legislature of Alabama, after all. I will tell you the men who have planned and wrought and really executed. There are three figures that stand out prominently from a medical standpoint. First, I will mention a man whose name is a household word in Alabama—Jerome Cochran. Then comes William H. Sanders—unselfish, courageous. In thinking of him, I think of that little couplet:

"Let me live in a house by the side of the road,
Where the race of men go by—

Digitized by Google

The men who are good and the men who are bad,
As good and as bad as I.
I would not sit in the scorner's seat,
Or hurl the cynic's ban—
Let me live in the house by the side of the road
And be a friend to man."

Indeed, Dr. William H. Sanders was a friend of mankind. (Applause.)

Then there's another. There sits on this platform tonight a man with broad shoulders, a strong and vigorous intellect; a man who has planned and who, according to my conception and my ideas, has striven to be and to give the best in him to the State of Alabama for its upbuilding. I refer to your own Health Officer—Dr. Samuel Wallace Welch. (Applause.)

To these men, and to you who have worked in our State with them, the State owes a debt of gratitude. We have simply, as representatives ourselves, passed back to you that which you said was right and best for the people of this great State.

And now I want to conclude by asking you this question: What will you do with this trust that we have placed in you, or upon you? We may write on the statute books every law proposed by this great organization, and appropriate billions of dollars, but it will amount to absolutely nothing unless the doctors of Alabama stand as one man for carrying into effect and into execution these laws. The lawyers of Alabama cannot do it. The preachers of Alabama cannot do it. It rests solely with the doctors of Alabama. As I said, I have faith in the doctors of Alabama. I call upon you tonight as a layman, expressing what other laymen in Alabama would say, and that is, we have given you this power and this money, and we expect you to talk all the time, to preach all the time, and uphold all the time, all these particular phases of this bill. But there is but one thing in it, after all, and that is *public health in Alabama.* (Applause.)

The President: It has given us great pleasure to hear Judge Merritt. I think we can all feel the Legislature of the State is safe and our matters of sanitation will go forward as long as we have in public life men of the sympathetic attitude and breadth of vision of Judge Merritt. (Applause.)

Adjournment.

Digitized by Google

THIRD DAY.

THURSDAY MORNING SESSION.

APRIL 22, 1920.

The final session of the convention was called to order at 9:00 A. M. by the President.

The first order of business was:

REPORT OF THE BOARD OF CENSORS.

S. W. WELCH, MONTGOMERY.

Your Board herewith submits its Forty-seventh Annual Report:

The President's Message.

The President's Message is to be commended for its brevity and the directness of his recommendation. On that account, the Board is able to make its report correspondingly brief and consume much less of the time of the Association than has been done by such reports in the past.

First Recommendation: The President recommends "that every member of the State Association will be eligible to any office within its gift."

This question has been up for consideration a number of times during the last several years. On each occasion, the Association has by a very large majority rejected the proposition. For this reason the Board hesitates to recommend to the Association a change in this policy and in view of the fact that the recommendation involves a change in the Constitution and the further fact that a resolution has been introduced covering the recommendation, the Board recommends the postponement of further consideration of this subject, pending action upon the resolution at the next meeting of the Association.

Digitized by Google

Second Recommendation: The President recommends "that in order to insure deliberation before election, the President be directed to appoint, at each meeting, a nominating committee whose duty it will be to make nominations for all vacant offices and that in addition nomination from the floor be accepted."

This recommendation also contemplates a change in the Constitution, but the Board feels that further consideration of it would be unwise. In large bodies of men, consisting of 4,000 or 5,000 members gathered together from various parts of the country where the vast majority are strangers to each other, and the qualifications of the individuals for the offices to be filled are known only to a few, it is wise and expedient to have a nominating committee so that business may be facilitated and proper men selected to fill the several places. Such conditions do not obtain in the Alabama State Medical Association. None of us are strangers to each other. A majority of us have known each other over a long period of years and each man is as well qualified to choose a President as members of any committee would be. The policy of the Association in recent years has been to decentralize its government as rapidly and as frequently as was consistent with preserving the homogeneousness of the system. The Board feels that this would be reverting to the arbitrary methods to which so many of our members object and would fail of the object sought to be obtained. No objection would be interposed to make nominations from the floor but the Board does not feel that the good of the Association would be conserved by the appointment of a committee to select the nominees to fill the various offices at the several meetings. We, therefore, recommend that this recommendation of the President be not concurred in .

Third Recommendation: "That no new Counsellor be elected and no Life Counsellor be appointed."

This recommendation calls for an amendment to the Constitution and, if approved, would of necessity have to lie over pending action by the Alabama State Legislature.

Digitized by Google

It is with regret that the Board is forced to again call attention to the necessity of having a permanent body similar to the College of Counsellors with which the State Legislature can treat when dealing with this organization as the Board of Health of the State. Unless the Association has in its make-up a group of men whose influence in the Association is continuous and whose position on public questions and the policy of the Association is a thing of public knowledge, then the State Legislature would not be justified in committing to it the public functions which have been committed to it by each succeeding law-making body since 1873. In other words, so long as the doctors of Alabama are charged with public functions and so long as our organization is honored by the law-making bodies of our State with public functions, then we must have a homogeneous and a stable organization. A more stable body selected in a more democratic manner than the College of Counsellors has not yet been devised and it is a source of regret that the function of this body should not be understood by some of our leading members.

Attention is directed to the fact that the Alabama State Medical Association is the only organization endowed with governmental functions by the State Legislature. We have an office in the State Capitol and our executive officer is a part of the official family of the Governor. Our achives and history are a part of the archives and history of the State. This privilege is accorded to us because of the service we are rendering the State as its Board of Health. Because of these privileges we have been attacked by foes from without and within. We are in no danger except from the foes within and I would admonish the members of the organization of the great privileges which they would have to surrender as an organization should we, by continuous internal dissension, forfeit our claim to be recognized as the State Board of Health of the State of Alabama. The Board advises that these recommendations of the President be not concurred in.

Digitized by Google

Report of the Senior Vice-President.

The Board recommends the adoption of the Senior Vice-President's report as read.

Report of the Junior Vice-President.

The Board recommends the adoption of the report of the Junior Vice-President, as read.

Report of the State Health Officer.

The books and accounts of the State Health Officer have been examined by the State Examiner and by a committee from this Board and found correct. Their approval is recommended.

Report of the Secretary.

The report of the Secretary and the minutes of the last meeting have been read and found correct. The Board recommends their adoption.

Report of Publishing Committee.

The Board recommends the adoption of the report of the Publishing Committee.

Report of the Treasurer.

The books of the Treasurer have been examined and found correct. The Board recommends the adoption of the Treasurer's report.

Report of the Standing Committee on Tuberculosis.

This Committee reports that their efforts to obtain an appropriation of $75,000 for a sanatorium at the meeting of the last Legislature failed.

Report of Committee of First Aid and Mental Hygiene.

The Board recommends the adoption of the report of the Committee of First Aid and Mental Hygiene.

Digitized by Google

State Prison Inspector.

A bill was passed removing the State Prison Inspector's office from the State Board of Health and placing it under the Board of Control.

Examinations.

The regular examinations for license to practice medicine were held in July, 1919, and January, 1920, detailed reports of which are to be found in part two of this report. The number of applicants has decreased very materially since the standards have been raised. Only twenty-two appeared for examination in July, eighteen passed. Only six appeared in January, all passed. A special examination was given to two applicants a few days ago. The reason for breaking this rule was the pitiful story of a Frenchman, Dr. C. B. Lazare, who claimed that all of his family, consisting of his mother, his father, several brothers and sisters had been killed and all of his effects destroyed by the German invasion of France. He had certain papers of identification from officers of the French Government. A special examination was granted, but it was found that he was entirely ignorant of the science of medicine and was dismissed from the examination on the first day. The other applicants were allowed to finish their examinations.

Reciprocity.

We have licensed twenty-seven by reciprocity, the majority of them coming into the State from the Army. About an equal number have moved from Alabama to other states under reciprocal agreements.

An amendment to the medical practice act to authorize the Board to recognize the license to practice medicine issued by the National Examining Board, and another authorizing the Board to revoke the license of a physician after conviction in the Federal Courts for violating the anti-narcotic law were passed.

The Board recommends that the resolution introduced two years ago that the Association have a four-day in-

Digitized by Google

stead of a three-day session, and on which action was postponed until this meeting be further postponed until the next meeting of the Association.

Resolutions on the Control of Cancer Introduced by Drs. M. Y. Dabney and B. L. Wyman, of Birmingham.

Resolutions introduced by the above-named gentlemen, which may be found on pages 35 and 38 of this volume, were brought to the consideration of the Board. The recommendations contained in these resolutions meet with the approval of the Board. The Board recommends that the State Health Officer be, and he is hereby instructed to take such steps as are necessary to prosecute a vigorous campaign of public instruction and education as will carry out the purport of these resolutions in the fullest possible manner.

In conclusion the Board desires to congratulate the Association upon the successful year that has just closed, and to express the hope that with the good will and support of the more than 1,800 members of the Association our beloved organization bids fair to go on to greater success.

Digitized by Google

PART II OF THE REPORT OF THE BOARD OF CENSORS.

REPORT OF EXAMINATIONS HELD BY THE STATE BOARD OF MEDICAL EXAMINERS, JANUARY AND JULY, 1919.

SUMMARY.

Total number examined	35
Total number granted certificates	23
Total number refused certificates	12
Number issued *pro forma* certificates, by reciprocity	27
Number issued *pro forma* certificates, U. S. Navy	4
Number issued *pro forma certificates*, U. S. P. H. S.	1
Percentage of rejections	34.2%

EXAMINATION HELD IN JANUARY, 1919.

Number of applicants examined	11
Number granted certificates	4
Number refused certificates	7
Number issued *pro forma* certificates by reciprocity	3
Number issued *pro forma* certificates, U. S. Navy	1
Number issued *pro forma* certificates, U. S. P. H .S.	1
Percentage of rejections	63.6%

EXAMINATION HELD IN JULY, 1919.

Number of applicants examined	22
Number granted certificates	18
Number refused certificates	4
Number issued *pro forma* certificates by reciprocity	10
Percentage of rejections	18.1%

SPECIAL EXAMINATIONS, 1919.

Number of applicants examined	2
Number granted certificates	1
Number refused certificates	1
Number issued *pro forma* certificates by reciprocity	14
Number issued *pro forma* certificates, U. S. Navy	3
Percentage of rejections	50%

Digitized by Google

SUCCESSFUL APPLICANTS—JANUARY, 1919.

Nall, Charles Ficher.
Neal, Thomas Clifford.
Robertson, Brison Oakley.
Taylor, Charter Howard.

Pro forma certificates issued to the following:

Moffitt, Sidney Alonzo, reciprocity with Tennessee.
McCrary, Dowell, reciprocity with Tennessee.
Simpson, James Augustus, reciprocity with Missouri.
Yarbrough, Henry Charles, U. S. P. H .S.
Savage, Charles Henry, U. S. Navy.

SUCCESSFUL APPLICANTS—JULY, 1919.

Brown, Joseph Lucien
Casserly, Edward Athelstone
Cobbs, Beverly Woodfin
Dinkins, Pauline Elizabeth
Donasier, John James
Harris, Eugene Alexander
Hollis, Daniel Lester Johnston
Johnston, Robert Alexander
Livingston, James A.
Nelson, Robert Goree
Nicholson, Cooper
Rennie, Thomas Ludford
Rich, Wallace Edward
Shamblin, William Graner
Smith, Millard
Stiles, Mitchell Porter
Wilkerson, William Woodfin
Yancey, Gautier Conde

Pro forma certificates issued to the following:

Brown, Eldridge Tracey, reciprocity with Tennessee.
Burdeshaw, Henry Beecham, reciprocity with Louisiana.
Jackson, Albert Charles, reciprocity with Louisiana.
Klein, Warwick Wesley, reciprocity with Kentucky.
Lindorme, Arnold Henry, reciprocity with Georgia.
Manley, Richard Sabine, reciprocity with Illinois.
Pate, Earl Emmett, reciprocity with Tennessee.
Reynolds, Fred Dawson, reciprocity with Pennsylvania.
White, John Bonar, reciprocity with Maryland.
Williams, Robert Bridgeforth, reciprocity with Tennessee.

SUCCESSFUL APPLICANTS—SPECIAL EXAMINATIONS, 1919.

Keister, William Shirey.

Digitized by Google

Pro forma certificates were issued to the following:

Jones, John Paul, reciprocity with Louisiana.
Montgomery, Arlander Houston, reciprocity with Mississippi.
Robertson, Milton Waldrop, reciprocity with Mississippi.
Smith, John Duncan, reciprocity with Mississippi.
Stockton, Frederick Eugene, reciprocity with Louisiana.
Summers, William Pleasant, reciprocity with Tennessee.
Deaver, Clyde Wilson, reciprocity with Tennessee.
Anderson, Walton Humphrey, reciprocity with Tennessee.
Branham, Bolling S., reciprocity with Georgia.
Hudson, Eugene Henry, reciprocity with Tennessee.
Bird, Buford Cosby, reciprocity with Georgia.
Cruikshank, Archibald, reciprocity with Tennessee.
McEniry, Edgar P., reciprocity with Georgia.
Hakanson, Alfred, reciprocity with Illinois.

UNSUCCESSFUL APPLICANTS AS REPRESENTED BY COLLEGES.

Examination Held In January, 1919.

Memphis Hospital Medical College	2
Meharry	2
Birmingham Medical College	1
Emory University	1
Loyola	1

Examination Held In July, 1919.

Memphis Hospital Medical College	3
University of Arkansas	1

Special Examination.

University of Louisville	1

RECEIPTS AND DISBURSEMENTS FOR FISCAL YEAR.

October 1st, 1918, to September 31st, 1919.

Balance on hand September 30, 1918	$ 90.16
Cash received from State Treasurer from September 30, 1918, to September 30, 1919	25,000.00

Digitized by Google

Refunded by employees on salaries and expenses	210.00
Donation from Masonic Lodge of Perfection No. 1	300.00
Special appropriation as provided by legislative bill	8,000.00
	$33,600.16
Expenditures fiscal year ending September 30, 1919	33,409.87
Balance on hand September 30, 1919	$ 190.29

EXPENDITURES.

Salaries	$20,840.91	
Traveling expenses	3,300.55	
Printing, postage and supplies	2,814.85	
Venereal disease control	5,726.19	
Telephone and telegraph	443.65	
Antitoxin to indigents	111.19	
Miscellaneous	172.53	
Balance on hand September 30, 1919	190.29	
Total		$33,600.16

NOTE.—An itemized account of the expenditures may be seen by reference to the report made to the Governor by the State Health Officer.

Action on Report of the Board of Censors.

The first recommendation was adopted as read.

The second recommendation was adopted as read.

The third recommendation was adopted as read.

The fourth recommendation was adopted as read.

The recommendation to postpone action on the suggestion that there be a four-day meeting was discussed as follows:

Dr. W. P. McAdory: I thought we had a four-day session.

Dr. S. W. Welch: We now have a three-day session. We formerly had a four-day session. I know this year the scientific department has suffered severely by the curtailment of the length of the session. This resolution was introduced a year ago as to whether or not we would return to a four-day session. We do not feel it would be wise to bring the matter to the attention of the Associa-

Digitized by Google

tion now on account of the small attendance this year, and postponed it for a fuller meeting.

The motion to postpone was carried.

Dr. Welch then read a resolution by Dr. W. P. McAdory, and stated it would be held over automatically (see page 35).

Dr. W. P. McAdory: I dislike to disagree with the State Health Officer. I understand perfectly no resolution can be offered to change the Constitution until the next meeting, but I wanted the sense of this meeting as to whether the members were favorable to every member being eligible to hold office.

The President: The convention has expressed itself by a former resolution as being in favor of postponing any action in this regard until next year.

Dr. Welch: I would like to say the purpose of the Board is to copy this resolution and send it to all the county medical societies of the State and ask them to express themselves through their delegates at the next meeting of the Association.

Dr. McAdory: I will withdraw my objections.

The resolution about cancer offered by Dr. Dabney was discussed as follows:

Dr. Welch: It is the purpose of the Board to request surgeons from different parts of the State who are capable of entertaining an audience. to deliver addresses on this subject to the students of the Alabama State University, the Alabama Polytechnic Institute, and all institutions of higher learning in the State, within the next few months. If it is possible for the State Health Officer to arrange with the presidents of the two higher institutions in the State, these addresses will be made between now and June. If not, then the summer schools will be addressed, and in the early part of the opening session next fall all of the institutions will have addresses from leading surgeons of the State, and out of it, if necessary.

Dr. Dabney's resolution was then adopted.

Dr. Welch then read a resolution by Dr. Wyman about cancer, stating the Board approved of the spirit of the resolution, but considered it a duplication of the resolution by Dr. Dabney.

Digitized by Google

The recommendation of the Board concerning the resolution by Dr. Wyman was adopted.

Dr. McAdory then moved the first section of the Report of the Board of Censors be adopted as a whole.

The motion was seconded and carried.

Second Part.

Dr. Welch: The statistical report of all the office work and the financial report comprise the second part. The State Examiner recently checked the accounts and approved of each item approved by the State Health Officer. It is a source of great gratification to the Board that no item approved by the State Health Officer has ever been disapproved by the Examiner.

We recommend it for your adoption. It will be published in the Transactions, but it would take about four hours to read the items.

Dr. W. P. McAdory: I move these reports be accepted on faith without reading.

The motion was seconded and carried.

Revision of the Four Rolls.

The Secretary; Every county society has three duties to perform: First, the filing of an annual report; second, the sending of delegates to the State Association; third, the payment of dues. All county societies have filled their obligations, except as indicated below.

The following societies are delinquent in reports:—Escambia, Limestone, Lowndes, Marion, Russell, St. Clair—6.

The following are delinquent in delegates: Bibb, Blount, Butler, Chambers, Choctaw, Conecuh, Covington, Dallas, Escambia, Geneva, Green, Hale, Henry, Lee, Lowndes, Macon, Marshall, Morgan, Perry, Pickens, Randolph, Russell, Tuscaloosa, Washington—24.

The following are delinquent in dues: Colbert, DeKalb, Escambia, Henry, Lowndes, Macon, Monroe, Russell, St. Clair, Tuscaloosa—10.

The President: You have heard the lists of county societies, which the Secretary has just read with the de-

Digitized by Google

linquencies respectively charged against them. If there is no objection these societies, notwithstanding their delinquencies, will be passed. The Secretary and Treasurer are charged with the duty of endeavoring to secure reports and dues. The revision of the first roll is now ended, and stands closed until the next annual session of the Association.

The Revision of the Roll of Counsellors.

The Secretary: The list of the names of Counsellors in alphabetical order will be published in the Transactions.

The following Counsellors are delinquent in attendance: John Neilson Furniss, Selma, of the Fourth District; Norman G. James, Hayneville, of the Fifth District.

The President: You have heard the names of those Counsellors who are reported to be delinquent in their obligations to the Association. Under the rules, if there is no objection, these names will be struck from the Roll of the College of Counsellors, and of this the persons concerned shall be duly notified by the Secretary.

The Secretary: The following Counsellors have died since the last meeting of the Association:

First, *Life Counsellors*, Joseph Dozier Bancroft, East Lake; Tucker Henderson Frazer, Mobile; James Thomas Searcy, Tuscaloosa; George Platt Waller, Montgomery; Isaac LaFayette Watkins, Montgomery. Second, *Active Counsellors*, James Maxwell Austin, Wetumpka; Lee Roy Burdeshaw, Headland; Henry Beauregard Disharoon, Roanoke; William Caswell Maples, Scottsboro; Albert Jefferson Peterson, Goodwater.

The President: You have heard the names of those of our brother Counsellors who have died. These names will be transferred from the book of the living to the book of the dead.

Counsellors Who Have Resigned.

Surrey T. Mayfield, Tuscaloosa.

Digitized by Google

Counsellors Who Have Removed.

Robert Lee Hughes, Anniston.

The President: You have heard the names of the Counsellors just read. Under the rules of the Association they will be dropped from the Roll of Counsellors.

Active Counsellors Who Have Served Twenty Years.

Erastus Byron Ard, Henry Green, Robert Lee Justice, Charles Alston Thigpen.

The President: Under the rules of the Association the Counsellors whose names have been called will be transferred to the Roll of Life Counsellors.

The Secretary then read the following list of Counsellors-elect, with the Statement that they have all signed the obligations and paid the dues:

Counsellors-elect.

Wilkerson, Fred Wooten—2nd District.....Montgomery
Mayer, Kossuth Aaron—2nd District.....Lower Peach Tree
Alison, Samuel Blakemore—4th District.....Minter, R. F. D.
Colvin, James Pickett—4th District.....Alpine
Price, William Hugh—5th District.....Cragford
Ralls, Arthur W.—7th District.....Gadsden
Grote, Carl Augustus—8th District.....Huntsville
Lull, Cabot—9th District.....Birmingham
Price, Albert Bascom—10th District.....Gordo
Ashcraft, Virgil Lee—10th District.....Kennedy, Route 2

The President: You have heard the list of names, read by the Secretary, of the Counsellors-elect who have signed the pledge and paid the dues. Under the rules of the Association these names will be transferred to the list of Active Counsellors.

There being no further revision, the Roll of the College of Counsellors stands closed until the next annual session of the Association.

The Secretary read officers to be elected at this meeting.

Digitized by Google

ELECTION OF OFFICERS.

President for One Year.

Drs. McAdory, Faulk and Sledge were appointed as tellers by the President.

The ballot for President disclosed the following nominees: Drs. L. W. Johnston, W. W. Harper, W. M. Faulk, and H. S. Ward.

The President: There were 72 votes cast, requiring 37 to elect. Dr. Johnston has received 43, and is declared elected President. (Applause.)

Dr. L. W. Johnston: I hereby tender my resignation as a member of the Board of Counsellors.

It was moved and seconded the resignation be accepted. Carried.

Election of Vice-President for Northern Division.

The ballot for Vice-President for the Northern Division disclosed the following nominees: Drs. E. N. Harris, T. J. Brothers, J. T. Stewart, A. N. Steele, W. D. Gaines, W. H. Wilder, and Cabot Lull. Dr. Brothers was declared elected on the third ballot, having received 40 votes out of the 70 votes cast.

Election of Censors to Fill Vacancies Created by Drs. Britt and Gaines.

Dr. Welch: There are two vacancies. Vote for two men to fill them. The ones receiving the two highest numbers fill those vacancies.

Ballots were cast for the following names: Drs. W. D. Gaines, V. P. Gaines, W. S. Britt, W. R. Jackson, O. S. Justice, J. S. McLester, W. M. Faulk, H. S. Ward, J. P. Stewart, W. H. Wilder, W. W. Harper, and A. N. Steele.

The President: Dr. V. P. Gaines has received 57 votes, and Dr. W. S. Britt, 64. These gentlemen are hereby declared elected Censors. (Applause.)

Dr. W. S. Britt: I wish to thank the Association for honoring me with the election as Censor, and at the same time to tender my resignation as Senior Vice-President.

Digitized by Google

It was moved Dr. Britt's resignation as Senior Vice-President be accepted. The motion was seconded and carried.

Election to Fill Vacancy Caused by the Resignation of Dr. Britt.

After a ballot, the President announced Dr. J. C. McLeod, of Opp, had received 50 votes out of 64 votes cast, and was, therefore, declared elected Vice-President for the Southern Division.

This statement was greeted by applause.

Election of Censor for One Year.

Dr. W. R. Jackson received 51 out of 70 votes cast, and was declared duly elected as Censor for one year.

Election of Counsellors.

The following names were read by the Secretary as having been nominated by the several committees:

Second District—F. C. Stevenson, Montgomery.

Third District—Clarence Long, Comer; A. J. Morris, Newton; P. I. Hopkins, Dothan; C. P. Hays, Elba.

Fourth District—J. P. Hayes, Clanton; M. J. Williams, Oxford.

Fifth District—J. C. Swann, Wedowee; E. M. Thomas, Prattville; Arthur Owen, Ashland; J. A. M. Nolan, Equality.

Sixth District—Sydney Leach, Tuscaloosa.

Seventh District—E. D. McAdory, Cullman.

Eighth District—W. H. Greer, Sheffield.

Dr. Green: I move the Secretary be instructed to cast the vote of the Association for Counsellors.

The motion was seconded and carried.

The Secretary cast such vote, and the President announced the members named as elected Counsellors-elect.

Dr. Mohr: I have here a telegram from the ladies who conduct one of the Florence Crittenden Homes. (Reads it.) I want to announce if anyone sees any opportunity to take advantage of the work it offers, these

Digitized by Google

ladies will be very much pleased to have correspondence with you. Address the Florence Crittenden Home at Mobile, Alabama.

SELECTION OF NEXT PLACE OF MEETING.

Dr. Perry: In the absence of a delegate from Montgomery, I wish to extend an invitation from the Montgomery County Medical Society to meet in Montgomery next year.

It was moved the invitation be accepted. The motion was seconded and carried.

INSTALLATION OF OFFICERS.

The President: Dr. Johnston, we feel it is peculiarly fitting the Association should have elected you as President. You will conserve the best interests of the Association as few men could, and will add to the dignity of the office.

President-elect Johnston: I have served the State Association in many capacities. I have considered it quite an honor to serve in any capacity in the Medical Association of the State of Alabama. I think I know the men of the State Medical Association. I have served on the Board of Censors, and I may say that it has been the greatest pleasure of my life serving with such great men, with only one view in mind: to serve the great people of the State of Alabama.

Gentlemen, after attending this meeting—one, I think, of the best we have had—I consider it the greatest honor that could be conferred upon a citizen of the State of Alabama to be elected as your President, and I assure you I appreciate the distinguished honor. I hope that you have not made a mistake. I promise you that I will do my best; that I will try to bring about that relation that should exist between each member of the Association and every other member. Let us all strive to do what we should for this great Association.

I thank you, gentlemen, for this honor. (Applause.)

The remainder of the newly-elected officers then took their places on the platform. (Calls for speech.)

Digitized by Google

President Johnston: I have the distinguished honor of introducing to you the officers for the ensuing year for Censors and Vice-President. I take great pleasure in introducing these gentlemen, and know they will serve you well during the coming year.

I also wish to add the names of Drs. Brothers and Jackson, as installed *in absentia.*

The following resolutions were introduced and adopted.

Resolved, That the thanks of this Association be tendered the good people of Anniston, the Chamber of Commerce and the Rotary Club for their hospitable entertainment.

B. L. WYMAN.

Resolved, That the thanks of this Association be tendered the Calhoun County Medical Society for its untiring zeal in looking after out comfort and pleasure so efficiently.

D. F. TALLEY.

Resolved, That the thanks of this Association be tendered the Anniston Daily Star for its courteous reports of our meetings.

H. S. WARD.

Upon motion, duly seconded and carried, the Fifty-third Annual Session of the Medical Association of the State of Alabama then adjourned, *sine die.*

Digitized by Google

REGISTRATION AT ANNISTON APRIL 20, 21, 22, 1920.

LIFE COUNSELLORS.

H. G. Perry.....Montgomery
S. G. Gay.....Selma
V. P. Gaines.....Mobile
S. W. Welch.....Talladega
B. L. Wyman.....Birmingham
L. W. Johnston.....Tuskegee
Wyatt Heflin.....Birmingham
R. L. Sutton.....Orrville
O. S. Justice.....Central
J. A. Howle.....Eclectic
A. L. Harlan.....Alexander City
C. C. Jones.....Birmingham
W. G. Harrison.....Birmingham
C. L. Guice.....Gadsden
R. S. Hill.....Montgomery
T. P. Dewees.....Gamble Mines

ACTIVE COUNSELLORS.

J. U. Ray.....Woodstock
Henry Green.....Dothan
P. T. Fleming.....Enterprise
D. F. Talley.....Birmingham
J. N. Baker.....Montgomery
W. S. Britt.....Eufaula
J. L. Bowman.....Montgomery
S. G. Cardon.....Center
A. W. Ralls.....Gadsden
Hugh Boyd.....Scottsboro
C. S. Chenault.....Albany
Frank L. Chenault.....Albany
T. J. Brothers.....Anniston
W. S. McElrath.....Cedar Bluff
J. M. Watkins.....Troy
W. D. Partlow.....Tuscaloosa

Digitized by Google

John P. Stewart.....Attalla
W. P. McAdory.....Birmingham
Cabot Lull.....Birmingham
W. E. Howell.....Haleyville
H. S. Ward.....Birmingham
J. M. Mason.....Birmingham
G. W. Williamson.....Hartford
A. N. Steele.....Anniston
J. C. McLeod.....Opp
E. M. Harris.....Russellville
W. H. Price.....Cragford
Joe W. McClendon.....Dadeville
Philip V. Spier.....Furman
W. D. Gaines.....LaFayette
J. P. Colvin.....Talladega
J. R. Horn.....Luverne
C. A. Mohr.....Mobile
H. P. McWhorter.....Collinsville
W. B. Hendrick.....Hurtsboro
W. M. Cunningham.....Corona
J. C. Martin.....Cullman
F. W. Wilkerson.....Montgomery
Seale Harris.....Montgomery
C. A. Poellnitz.....Greensboro
J. D. L. Davis.....Birmingham
W. R. Jackson.....Mobile
K. A. Mayer.....Lower Peach Tree
D. L. Wilkerson.....Birmingham
E. M. Prince.....Birmingham
James P. Turner.....Cropwell
W. W. Harper.....Selma
M. C. Schoolar.....Birmingham
Carl A. Grote.....Huntsville
W. H. Wilder.....Birmingham
C. N. Lacey.....Demopolis
P. M. Lightfoot.....Shorter
H. J. Sankey.....Nauvoo
W. M. Faulk.....Tuscaloosa
J. D. Heacock.....Birmingham
E. V. Caldwell.....Huntsville
E. G. Givhan.....Montevallo

Digitized by Google

F. P. Petty.....Albany
J. S. McLester.....Birmingham
A. A. Jackson.....Florence
Louis C. Morris.....Birmingham

DELEGATES.

Autauga—E. M. Thomas.....Prattville
Autauga—James Tankersley.....Prattville
Baldwin—Joseph Hall.....Bay Minette
Barbour—Clarence Long.....Comer
Barbour—J. W. Robertson.....Clayton
Bullock—J. W. Thomason.....Perote
Calhoun—C. Hal Cleveland.....Anniston
Calhoun—H. A. Leyden.....Anniston
Cherokee—S. C. Tatum.....Center
Chilton—J. P. Hayes.....Clanton
Chilton—T. J. Marcus.....Clanton
Clarke—C. E. Pugh.....Grove Hill
Clay—James S. Gay.....Ashland
Cleburne—L. R. Wright.....Heflin
Coffee—C. P. Hayes.....Elba
Colbert—W. H. Greer.....Sheffield
Coosa—J. A. R. Chapman.....Kellyton
Coosa—J. A. M. Nolen.....Equality
Crenshaw—J. G. Gilchrist.....Brantley
Cullman—E. D. McAdory.....Cullman
Cullman—R. B. Dodson.....Cullman
Dale—A. J. Morris.....Newton
DeKalb—Lee Weathington.....Crossville
DeKalb—A. L. Isbell.....Crossville
Elmore—R. L. Huddleston.....Deatsville
Etowah—C. L. Murphree.....Gadsden
Etowah—M. P. Hughes.....Gadsden
Fayette—A. C. Branyon.....Fayette
Franklin—John R. Thomas.....Phil Campbell
Houston—F. G. Granger.....Webb
Houston—R. H. Mooty.....Columbia
Jefferson—J. D. Dowling.....Birmingham
Jefferson—S. L. Ledbetter, Jr.....Birmingham
Jefferson—M. Y. Dabney.....Birmingham

Digitized by Google

Jefferson—Earle Drennen.....Birmingham
Jefferson—E. M. Mason.....Birmingham
Lamar—Charles A. Davis.....Kennedy
Lawrence—J. O. Ussery.....Courtland
Lawrence—John C. Bragg.....Moulton
Limestone—D. G. Estes.....Athens
Limestone—J. O. Belue.....Anniston
Madison—W. P. Summers.....New Market
Marengo—W. T. Cocke.....Demopolis
Marion—J. R. Burleson.....Hamilton
Mobile—J. U. Reaves.....Mobile
Mobile—E. S. Sledge.....Mobile
Monroe—J. J. Dailey.....Tunnel Springs
Montgomery—F. C. Stevenson.....Montgomery
Pike—T. F. Wickliffe.....Troy
Pike—J. G. Sanders.....Troy
Randolph—J. C. Swann.....Wedowee
Shelby—B. S. Branham.....Columbiana
St. Clair—J. L. Jackson.....Ashville
Sumter—W. E. Allen.....Ward
Talladega—D. B. Harris.....Munford
Tallapoosa—J. J. Walls.....Alexander City
Walker—A. M. Waldrop.....Jasper
Wilcox—J. Heustis Jones.....Camden
Winston—R. L. Hill.....Lynn

MEMBERS.

T. J. Patton.....Oxford
Thomas F. Huey.....Anniston
William F. Jordan.....Huntsville
E. K. Hanby.....Attalla
R. R. Bridges.....Scottsboro
C. A. Olivet.....Haleyville
R. C. Haynes.....Graham
E. L. Curlee.....Anniston
S. W. Owens.....Ashland
R. L. Young.....Panola
B. F. Caffey.....Choccolocco
J. W. Jordan.....Ashland
A. H. Owens.....Ashland

Digitized by Google

S. T. Meharg.....Anniston
D. W. Wilson.....Fyffee
W. A. Parrish.....Midland City
C. Espy.....Midland City
Wade H. Brannon.....Anniston
C. G. Arberry.....Anniston
D. T. Boozer.....Anniston
G. A. Cryer.....Anniston
W. E. Burt.....Talladega
E. M. Robinson.....Birmingham
J. Ross Snyder.....Birmingham
E. Lawrence Scott.....Birmingham
P. I. Hopkins.....Dothan
H. E. Mitchell.....Birmingham
Z. B. Chamblee.....Birmingham
L. B. Nicholson.....Gadsden
G. E. Stewart.....Attalla
M. L. Shaddix.....Jenifer
A. D. Powers.....Elkmont
N. E. Sellers.....Anniston
James A. Meadows.....Birmingham
R. W. Waldrop.....Bessemer
J. F. Posey.....Anniston
J. N. Killough.....Birmingham
A. E. Wilks.....Birmingham
G. L. Faucett.....Gadsden
Paul D. Vann.....Anniston
R. T. McCrow.....Oxford
H. B. Searcy.....Tuscaloosa
Walter C. Jones.....Birmingham
T. Y. Greet.....Gadsden
E. R. Cannon.....Vredenburgh
I. P. Levi.....Anniston
J. D. Durden.....Anniston
W. M. Salter.....Anniston
E. C. Anderson.....Anniston
A. L. Nourse.....Anniston
M. G. Shipp.....Anniston
W. O. Lawrence.....Leeds
A. E. Culberson.....Anniston
O. Sargent.....Jacksonville

Digitized by Google

F. H. Ledbetter.....Alexander City
D. P. Mixon.....Skipperville
C. N. Parnell.....Maplesville
B. S. Carpenter.....Fairfield
Gilbert F. Douglas.....Birmingham
G. C. Williams.....Choccolocco
J. H. Hill.....Lincoln
DeWitt Faucett.....Gadsden
E. S. Jones.....Gadsden
W. P. Hicks.....Collinsville
H. M. Martin, Jr.....Anniston
Henry R. Carter, Jr.....Birmingham
James R. Garber.....Birmingham
J. F. Emerson.....Spring Garden
C. L. Salter.....Talladega
M. J. Williams.....Oxford
J. G. Wilkinson.....Birmingham
W. S. Roberts.....Birmingham
B. R. Bradford.....Easonville
G. E. Murphy.....Birmingham
Walter Scott.....Birmingham
B. S. Lester.....Birmingham
S. G. Stubbins.....Birmingham
Samuel R. Benedict.....Birmingham
H. J. Savage.....Gadsden
H. L. Appleton.....Gadsden
F. W. Boyd.....Talladega
A. A. Walker.....Birmingham
B. M. McLaurine.....Lincoln
W. H. Hutchinson.....Talladega
K. B. Williams.....Hartford

VISITORS.

F. B. Neely.....Montgomery
H. M. Hurst.....Jackson
C. A. Tatum.....Talladega
W. T. Cantrell.....Alabama City
T. J. Wright.....Talladega
Mrs. T. F. Huey.....Anniston
Mrs. J. C. Moore.....Anniston

Digitized by Google

Mrs. W. C. Jones.....Birmingham
Mrs. Paul D. Vann.....Anniston
P. L. Krause.....Huntsville
Carl B. Welch.....Talladega
F. J. Underwood.....Aberdeen, Miss.
W. K. Sharp, Jr.....U. S. P. H. S.
J. O. Wikle.....Madison
Mrs. J. W. Jordan.....Ashland
Mrs. A. H. Owens.....Ashland
Z. E. Tickett.....Thompson
F. W. Dershimer.....Montgomery
Mrs. Philip V. Spier.....Furman
Mrs. J. F. Spearman.....Anniston
J. F. Spearman.....Anniston
H. G. Earnest.....Anniston
R. H. Redden.....Sulligent
J. C. Buckalew.....Sulligent
A. J. Notestine.....Anniston
J. V. Lileo.....Anniston
J. P. Hawkins.....Oxford
Leon M. Latimer.....Anniston
Gladys Harwell.....Anniston
R. E. D. Irvin.....Anniston
E. M. Barnes.....Pell City
H. A. Christian.....Boston
Michael Hoke.....Atlanta
Addie B. White.....Anniston
Elsie Brooks.....Anniston
James Freeman.....Birmingham
R. B. Creagh.....Selma
Gaither Perry, Jr.....Anniston
W. C. Blasingame.....Montgomery
T. R. Tucker.....Gadsden
J. E. Paullen.....Atlanta
J. DeBardelaben.....Birmingham
M. O. Lawrence, Jr.....Leeds
L. R. Gerstrung.....Atlanta, Ga.
Mrs. C. A. Olivet.....Haleyville
Mrs. A. H. Owens.....Ashland
Jesse F. Yeates.....Birmingham
W. H. Weatherly.....Anniston

Digitized by Google

John B. Legarde.....Anniston
C. B. Carr.....Anniston
S. F. Johnson.....Anniston

ANNUAL ATTENDANCE.

Year	Life Counsellors	Active Counsellors	Delegates	Members	Visitors	Total	Place
1910	10	44	83	157	51	344	Mobile
1911	14	53	66	139	19	291	Montgomery
1912	16	63	92	348	40	559	Birmingham
1913	7	49	83	124	17	280	Mobile
1914	16	67	85	226	20	414	Montgomery
1915	32	74	108	429	49	692	Birmingham
1916	19	66	92	106	41	306	Mobile
1917	18	64	96	199	32	409	Montgomery
1918	27	63	80	257	44	471	Birmingham
1919	22	43	87	94	102	348	Mobile
1920	16	61	59	85	51	272	Anniston

Digitized by Google

THE ROLL OF THE COLLEGE OF COUNSELLORS.
REVISION OF 1920.

LIFE COUNSELLORS.

	Name and Address	*Date of Election*
1.	Andrews, Glenn, Montgomery (2)	1893
2.	Ard, Erastus Byron, Ozark (3)	1900
3.	Baldwin, Benjamin James, Montgomery (2)	1886
4.	Bell, Walter Howard, Brookside (9)	1894
5.	Bennett, Benjamin Franklin, Louisville (3)	1898
6.	Blake, Wyatt Heflin, Sheffield (8)	1892
7.	Bondurant, Eugene DuBose, Mobile (1)	1894
8.	Brockway, Dudley Samuel, Livingston (6)	1882
9.	Cameron, Matthew Bunyan, Eutaw (6)	1893
10.	Cason, Davis Elmore, Ashville (7)	1880
11.	DeWeese, Thomas Peters, Gamble Mines (10)	1890
12.	Dugger, Reuben Henry, Gallion (6)	1883
13.	Gaines, Vivian Pendleton, Mobile (1)	1879
14.	Gaston, Joseph Lucius, Montgomery (2)	1899
15.	Gay, Samuel Gilbert, Selma (4)	1893
16.	Goodwin, Joseph Anderson, Jasper (10)	1882
17.	Green, Henry, Dothan (3)	1900
18.	Guice, Charles Lee, Gadsden (7)	1899
19.	Harlan, Aaron LaFayette, Alexander City (5)	1898
20.	Harrison, William Groce, Birmingham (9)	1896
21.	Heflin, Wyatt, Birmingham (9)	1893
22.	Hill, Luther Leonidas, Montgomery (2)	1888
23.	Hill, Robert Somerville, Montgomery (2)	1898
24.	Howle, James Augustus, Eclectic (5)	1895
25.	Inge, Harry Tutwiler, Mobile (1)	1885
26.	Johnston, Lewis William, Tuskegee (5)	1895
27.	Jones, Capers Capehart, East Lake (9)	1881
28.	Jones, Julius, Rockford (5)	1896
29.	Justice, Oscar Suttle, Central (5)	1896
30.	Justice, Robert Lee, Geneva (3)	1900
31.	Moon, William Henry, Goodwater (5)	1893
32.	McCain, William Jasper, Livingston (6)	1898
33.	Parke, Thomas D., Birmingham (9)	1893

Digitized by Google

	Name and Address	Date of Election
34.	Perry, Henry Gaither, Montgomery (2)	1894
35.	Pride, William Thomas, Madison (8)	1899
36.	Redden, Robert James, Sulligent (10)	1887
37.	Robinson, Thomas Franklin, Mobile (1)	1896
38.	Stovall, Andrew McAdams, Jasper (10)	1881
39.	Sutton, Robert Lee, Orrville (4)	1895
40.	Thigpen, Charles Alston, Montgomery (2)	1900
41.	Welch, Samuel Wallace, Talladega (4)	1899
42.	Whaley, Lewis, Birmingham (9)	1886
43.	Wilkinson, John Edward, Prattville (5)	1892
44.	Williams, John Hartford, Columbiana (4)	1894
45.	Wyman, Benjamin Leon, Birmingham (9)	1897

ACTIVE COUNSELLORS.

		Date of Election	Expir'n
1.	Alison, Samuel Blakemore, Minter, R. F. D. (4)	1919	to 1926
2.	Ashcraft, Virgil Lee, Kennedy, Route 2 (10)	1919	to 1926
3.	Baker, James Norment, Montgomery (2)	1905	
4.	Betts, William Frank, Evergreen (2)	1904	
5.	Bowman, James Luther, Union Springs (3)	1914	
6.	Boyd, Hugh, Scottsboro (8)	1918	to 1925
7.	Britt, Walter Stratton, Eufaula (3)	1905	
8.	Brothers, Thomas J., Anniston (4)	1914	
9.	Broughton, Lewis Edward, Andalusia (2)	1916	
10.	Caldwell, Edwin Valdivia, Huntsville (8)	1918	to 1925
11.	Cardon, Samuel G., Center (7)	1916	
12.	Chenault, C. Sidney, Albany (8)	1913	
13.	Chenault, Frank L., Albany (8)	1917	
14.	Colvin, James Pickett, Alpine (4)	1919	to 1926
15.	Crutcher, John Sims, Athens (8)	1915	
16.	Cunningham, William Moody, Corona (10)	1912	
17.	Davie, Mercer Stillwell, Dothan (3)	1904	
18.	Davis, John D. S., Birmingham (9)	1906	
19.	Faulk, William M., Tuscaloosa (6)	1913	
20.	Fleming, Porter Thomas, Enterprise (3)	1901	
21.	Gaines, William D., LaFayette (5)	1913	
22.	Givhan, Edgar Gilmore, Montevallo (4)	1903	
23.	Gordon, Samuel A., Marion (6)	1913	

Digitized by Google

		Date of Election	Expir'n
24.	Gresham, George L., Andalusia (2)	1913	
25.	Grote, Carl Augustus, Huntsville (8)	1919	to 1926
26.	Harper, William Wade, Selma (4)	1902	
27.	Harris, Elisha McCullough, Russellville (10)	1904	
28.	Harris, Seale, Birmingham (9)	1903	
29.	Heacock, Joseph Davis, Birmingham (9)	1912	
30.	Heflin, Howell T., Birmingham (9)	1914	
31.	Hendrick, Walter Branham, Hurtsboro (3)	1915	
32.	Hicks, Lamartine Orlando, Jackson (1)	1910	
33.	Hill, Robert L., Winfield (10)	1918	to 1925
34.	Horn, Joseph Robert, Luverne (2)	1912	
35.	Howard, Percy John, Mobile (1)	1918	to 1925
36.	Howell, William Edward, Haleyville (10)	1918	to 1925
37.	Jackson, Alva A., Florence (8)	1918	to 1925
38.	Jackson, William Richard, Mobile (1)	1916	
39.	James, Ashley D., Choctaw (1)	1915	
40.	Kennedy, John Oscar, Kennedy (10)	1909	
41.	Kimbrough, John A., Thomasville (1)	1918	to 1925
42.	Lacey, Claude N., Demopolis (1)	1918	to 1925
43.	Lightfoot, Phillip Malcolm, Shorters (5)	1918	to 1925
44.	Lull, Cabot, Birmingham (9)	1919	to 1926
45.	Lupton, Frank A., Birmingham (9)	1913	
46.	Malloy, Martin Luther, Eutaw (6)	1908	
47.	Martin, James Cordie, Cullman (7)	1917	
48.	Mason, James Monroe, Birmingham (9)	1918	to 1925
49.	Mayer, Kossuth Aaron, Lower Peach Tree (2)	1919	to 1926
50.	Mohr, Charles A., Mobile (1)	1909	
51.	Morris, Lewis Coleman, Birmingham (9)	1902	
52.	Morris, William E., Georgiana (2)	1913	
53.	McAdory, Wellington Prude, Birmingham (9)	1911	
54.	McClendon, Joseph Wiley, Dadeville (5)	1902	
55.	McElrath, William Sparke, Cedar Bluff (7)	1908	
56.	McLeod, John C., Opp (2)	1918	to 1925
57.	McLeod, John Calvin, Bay Minette (2)	1911	
58.	McLester, James Somerville, Birmingham (9)	1913	
59.	McWhorter, Horace Puckett, Collinsville (7)	1915	
60.	Oates, William Henry, Mobile (1)	1913	
61.	Palmer, Jesse Gary, Opelika (3)	1904	
62.	Partlow, William Dempsey, Tuscaloosa (6)	1909	

Digitized by Google

		Date of Election	Expir'n
63.	Pettey, Frank Paul, Albany (8)	1909	
64.	Poellnitz, Charles August, Greensboro (6)	1914	
65.	Price, Albert Bascom, Gordo (10)	1919	to 1926
66.	Price, William Hugh, Cragford (5)	1919	to 1926
67.	Prince, Edward Mortimer, Birmingham (9)	1909	
68.	Ralls, Arthur W., Gadsden (7)	1919	to 1926
69.	Ray, Jacob Ussery, Woodstock (6)	1906	
70.	Rogers, Mack, Birmingham (9)	1910	
71.	Sankey, Howard J., Nauvoo (10)	1914	
72.	Schoolar, Milton Carson, Birmingham (9)	1902	
73.	Simms, Benjamin Britt, Talladega (4)	1901	
74.	Smith, Malcolm D., Prattville (5)	1914	
75.	Smith, Russell Aubrey, Brewton (2)	1918	to 1925
76.	Speir, Phillip V., Furman (2)	1917	
77.	Steele, Abner Newton, Anniston (4)	1905	
78.	Stewart, John Pope, Attalla (7)	1908	
79.	Talley, Dyer Findley, Birmingham (9)	1902	
80.	Turner, James Perry, Cropwell (7)	1912	
81.	Ward, Henry Silas, Birmingham (9)	1915	
82.	Watkins, James Monroe, Troy (2)	1915	
83.	Webb, Francis Asberry, Calvert (1)	1904	
84.	Wilder, William Hinton, Birmingham (9)	1903	
85.	Wilkerson, Fred Wooten, Montgomery (2)	1919	to 1926
86.	Wilkinson, David Leonidas, Birmingham (9)	1902	
87.	Williamson, George W., Hartford (3)	1918	to 1925

COUNSELLORS-ELECT.

1.	Greer, William H., Sheffield (8)	1920	to 1927
2.	Hayes, Charles Phillips, Elba (3)	1920	to 1927
3.	Hayes, Julius Poe, Clanton (4)	1920	to 1927
4.	Hopkins, Percy Isaac, Dothan (3)	1920	to 1927
5.	Leach, Sidney, Tuscaloosa (6)	1920	to 1927
6.	Long, Clarence, Comer (3)	1920	to 1927
7.	Morris, Andrew Jackson, Newton (3)	1920	to 1927
8.	Nolen, John A. M., Equality (5)	1920	to 1927
9.	Owens, Arthur H., Ashland (5)	1920	to 1927
10.	Stevenson, Forney Caldwell, Montgomery (2)	1920	to 1927
11.	Swann, Joseph M., Wedowee (5)	1920	to 1927

Digitized by Google

12. Thomas, Eugene Marvin, Prattville (5) ..... 1920 to 1927
13. Williams, Mark Johnson, Oxford (4) ..... 1920 to 1927

SUMMARY.

Life Counsellors		45
Active Counsellors	87	
Counsellors-elect	13	100
Total		145

NOTE:—The districts in which each Counsellor resides is indicated by the figure in ( ) after his name.

The official address of Drs. S. W. Welch and J. L. Bowan is Montgomery.

Dr. J. W. McClendon, of Dadeville, has died since the list was made.

Digitized by Google

THE ROLL OF THE COLLEGE OF COUNSELLORS BY CONGRESSIONAL DISTRICTS.

On this roll the names of the Counsellors are given by Congressional Districts. It is intended to serve as a guide in the election of new Counsellors, with a view to the distribution of them in approximate proportion to the number of members in the several districts. It is not considered to be good policy, and it is not considered to be fair and right, to give a few large towns greatly more than their pro rata share of Counsellors. The calculations are based on the nearest whole number. According to the Transactions of 1919, there are 1,675 members in the county medical societies. That would give one Counsellor to every 16.7 members.

FIRST DISTRICT.

County.	*Members.*	*Counsellors.*
Choctaw	15	1
Clarke	29	1
Marengo	17	1
Monroe	20	1
Mobile	67	4
Washington	10	1
Total members	158	9

This district has the number to which it is entitled.

Names of Counsellors—A. D. James, Choctaw; L. O. Hicks, John A. Kimbrough, Clarke; C. N. Lacey, Marengo; W. R. Jackson, C. A. Mohr, P. J. Howard and W. H. Oates, Mobile; F. A. Webb, Washington.

SECOND DISTRICT.

County.	*Members.*	*Counsellors.*
Baldwin	11	1
Butler	17	1
Conecuh	15	1
Covington	26	3
Crenshaw	13	1
Escambia	16	1
Montgomery	65	3

Digitized by Google

Pike	24	1
Wilcox	28	2
Total	215	14

This district has the number to which it is entitled.

Names of Counsellors—J. C. McLeod, Baldwin; W. E. Morris, Butler; W. F. Betts, Conecuh; G. L. Gresham, Covington; J. R. Horn, Crenshaw; J. N. Baker, F. W. Wilkerson, F. C. Stevenson, Montgomery; J. M. Watkins, Pike; L. E. Broughton, Covington; Ross Speir, K. A. Mayer, Wilcox; J. C. McLeod, Covington; R. A. Smith, Escambia.

THIRD DISTRICT.

County.	*Members.*	*Counsellors.*
Barbour	24	1
Bullock	16	1
Coffee	17	2
Dale	16	1
Geneva	34	2
Houston	32	2
Henry	13	0
Lee	21	1
Russell	13	1
Total	186	11

This district has the number to which it is entitled.

Names of Counsellors—W. S. Britt, Barbour; J. L. Bowman, Bullock; P. T. Fleming, Coffee; A. J. Morris, Dale; R. L. Justice, G. W. Williamson, Geneva; M. S. Davie, P. I. Hopkins, Houston; C. P. Hays, Coffee; J. G. Palmer, Lee; W. B. Hendrick, Russell.

FOURTH DISTRICT.

County.	*Members.*	*Counsellors.*
Calhoun	42	3
Chilton	13	1
Cleburne	7	0
Dallas	43	2
Shelby	12	1
Talladega	31	2
Total	148	9

Digitized by Google

This district has the number to which it is entitled.

Names of Counsellors—T. J. Brothers, M. J. Williams and A. N. Steele, Calhoun; S. B. Alison and W. W. Harper, Dallas; E. G. Givhan, Shelby; B. B. Simms and J. P. Colvin, Talladega; J. P. Hays, Chilton.

FIFTH DISTRICT.

County.	*Members.*	*Counsellors.*
Autauga	9	2
Chambers	21	1
Clay	20	2
Coosa	12	1
Elmore	19	0
Lowndes	12	0
Macon	11	1
Randolph	17	1
Tallapoosa	32	1
Total	153	9

This district has the number to which it is entitled.

Names of Counsellors—M. D. Smith and E. M. Thomas, Autauga; W. D. Gaines, Chambers; J. W. McClendon, Tallapoosa; P. M. Lightfoot, Macon; J. C. Swan, Randolph; W. H. Price and Arthur Owen, Clay; J. A. M. Nolen, Coosa.

SIXTH DISTRICT.

County.	*Members.*	*Counsellors.*
Bibb	20	1
Greene	8	1
Hale	11	1
Perry	10	1
Sumter	14	0
Tuscaloosa	42	3
Total	105	7

This district has the number to which it is entitled.

Names of Counsellors—J. U. Ray, Bibb; M. L. Malloy, Greene; C. A. Poellnitz, Hale; S. A. Gordon, Perry; W. M. Faulk, Sidney Leach and W. D. Partlow, Tuscaloosa.

Digitized by Google

SEVENTH DISTRICT.

County.	*Members.*	*Counsellors.*
Blount	10	0
Cherokee	11	2
Cullman	28	1
DeKalb	19	1
Etowah	38	2
Marshall	22	0
St. Clair	19	1
Total	147	7

This district has the number to which it is entitled.

Names of Counsellors—W. S. McElrath, Cherokee; J. C. Martin, Cullman; H. P. McWhorter, DeKalb; J. P. Stewart, Etowah; S. G. Cardon, Cherokee; A. W. Ralls, Etowah; J. P. Turner, St. Clair.

EIGHTH DISTRICT.

County.	*Members.*	*Counsellors.*
Colbert	14	1
Jackson	15	1
Lauderdale	24	1
Lawrence	11	0
Limestone	11	1
Madison	30	2
Morgan	26	3
Total	131	9

This district has the number to which it is entitled.

Names of Counsellors—Hugh Boyd, Jackson; A. A. Jackson, Lauderdale; J. S. Crutcher, Limestone; E. V. Caldwell and C. A. Grote, Madison; C. S. Chenault, F. L. Chenault and F. P. Pettey, Morgan; W. H. Greer, Colbert.

NINTH DISTRICT.

County.	*Members.*	*Counsellors.*
Jefferson	290	17

This district has the number to which it is entitled.

Names of Counsellors—J. D. S. Davis, F. A. Lupton, Seale Harris, L. C. Morris, W. P. McAdory, E. M. Prince, Mack Rogers,

Digitized by Google

M. C. Schoolar, D. F. Talley, W. H. Wilder, J. S. McLester, H. T. Heflin, H. S. Ward, D. L. Wilkinson, J. M. Mason, J. D. Heacock and Cabot Lull.

TENTH DISTRICT.

County.	*Members.*	*Counsellors.*
Fayette	14	1
Franklin	25	1
Lamar	13	1
Marion	14	1
Pickens	22	1
Walker	45	2
Winston	9	1
Total	142	8

This district has the number to which it is entitled.

Names of Counsellors—E. M .Harris, Franklin; J. O. Kennedy, Lamar; W. M. Cunningham and H. J. Sankey, Walker; V. L. Ashcraft, Fayette; A. B. Price, Pickens; R. L. Hill, Marion; W. E. Howell, Winston.

Digitized by Google

SCHEDULE OF THE ANNUAL SESSIONS AND PRESIDENTS SINCE THE RE-ORGANIZATION IN 1868.

Place and President	*Year*
Selma—Albert Gallatin Mabry	1868
Mobile—Albert Gallatin Mabry	1869
Montgomery—Richard Frazer Michel	1870
Mobile—Francis Armstrong Ross	1871
Huntsville—Thomas Childress Osborn	1872
Tuscaloosa—George Ernest Kumpe	1873
Selma—George Augustus Ketchum	1874
Montgomery—Job Sobieski Weatherly	1875
Mobile—John Jefferson Dement	1876
Birmingham—Edward Davies McDaniel	1877
Eufaula—Peter Bryce	1878
Selma—Robert Wickens Gaines	1879
Huntsville—Edmund Pendleton Gaines	1880
Montgomery—William Henry Anderson	1881
Mobile—John Brown Gaston	1882
Birmingham—Clifford Daniel Parke	1883
Selma—Mortimer Harvey Jordan	1884
Greenville—Benjamin Hogan Riggs	1885
Anniston—Francis Marion Peterson	1886
Tuscaloosa—Samuel Dibble Seelye	1887
Montgomery—Edward Henry Sholl	1888
Mobile—Milton Columbus Baldridge	1889
Birmingham—Charles Higgs Franklin	1890
Huntsville—William Henry Sanders	1891
Montgomery—Benjamin James Baldwin	1892
Selma—James Thomas Searcy	1893
Birmingham—Thaddeus Lindley Robertson	1894
Mobile—Richard Matthew Fletcher	1895
Montgomery—William Henry Johnston	1896
Selma—Barckley Wallace Toole	1897
Birmingham—Luther Leonidas Hill	1898
Mobile—Henry Altamont Moody	1899
Montgomery—John Clarke LeGrande	1900
Selma—Russell McWhorter Cunningham	1901

Digitized by Google

Place and President	*Year*
Birmingham—Edwin Lesley Marechal	1902
Talladega—Glenn Andrews	1903
Mobile—Matthew Bunyan Cameron	1904
Montgomery—Capers Capehart Jones	1905
Birmingham—Eugene DuBose Bondurant	1906
Mobile—George Tighlman McWhorter	1907
Montgomery—Samuel Wallace Welch	1908
Birmingham—Benjamin Leon Wyman	1909
Mobile—Wooten Moore Wilkerson	1910
Montgomery—Wyatt Heflin Blake	1911
Birmingham—Lewis Coleman Morris	1912
Mobile—Harry Tutwiler Inge	1913
Montgomery—Robert S. Hill	1914
Birmingham—Benjamin Britt Simms	1915
Mobile—James Norment Baker	1916
Montgomery—Henry Green	1917
Birmingham—William Dempsey Partlow	1918
Mobile—Isaac LaFayette Watkins	1919
Anniston—James Somerville McLester	1920

SECRETARIES OF THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

1852-1854	George A. Ketchum
1854-	R. Miller
1869-1873	Jerome Cochran
1874-1878	B. H. Riggs
1879-1892	T. A. Means
1893-1897	J. R. Jordan
1897-1904	G. P. Waller
1904-1906	L. C. Morris
1906-1915	J. N. Baker
1915-	H. G. Perry

TREASURERS OF THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

1854-1855	W. P. Reese
1869-1898	W. C. Jackson
1898-1915	H. G. Perry
1915-	J. U. Ray

Digitized by Google

SCHEDULE OF JEROME COCHRAN LECTURERS.

1899—J. T. Searcy, Tuscaloosa—What Is Insanity?

1900—Wm. Osler, Baltimore—Not present.

1901—Wm. Osler, Baltimore—Not present.

1902—Nathan Bozeman, New York—Declined.

1903—George H. Price, Nashville—The History of Medicine.

1904—W. S. Thayer, Baltimore—Cardiac and Vascular Complications of Typhoid Fever.

1905—Robert Abbe, New York—The Problems of Surgery.

1906—Joseph Collins, Boston—Arterio Sclerosis.

1907—Nicholas Senn, Chicago—Final Triumph of Scientific Medicine.

1908—E. L. Marechal, Mobile—Absent.

1909—Lewellen F. Barker, Baltimore—Clinical Methods of Cardiac Investigation.

1910—Frank S. Meara, New York—Some Problems of Nutrition in Early Life.

1911—Rudolph Matas, New Orleans—Inflammatory Tuberculosis, Etc.

1912—Maurice H. Richardson, Boston—Elimination of Preventable Disasters from Surgery.

1913—L. L. Hill, Montgomery—Surgical Complications and Sequelæ of Typhoid Fever.

1914—Frank Smithies, Chicago—Contributions of the Twentieth Century to the Better Understanding of Gastric Cancer.

1915—John B. Elliott, Jr., New Orleans—Abscess of Liver.

1916—Howard A. Kelly, Baltimore—A Talk on Radium Therapy.

1917—Wm. J. Mayo, Rochester—Importance of Septic Infection in the Three Great Plagues.

1918—George E. Bushnell, Washington—The Army in Relation to the Tuberculosis Problem.

1919—George W. Crile, Cleveland, Ohio—Abdominal Surgery in Civil and Military Hospitals.

1920—Henry A. Christian, Boston—Bright's Disease With Special Reference to Its Treatment.

Digitized by Google

OBITUARY RECORD

APRIL 1, 1919, TO MAY 15, 1920.

Aldridge, Jonas, Bessemer, Jefferson County.
Allen, Roscoe Bryant, New Hope, Madison County.
Austin, James Maxwell, Wetumpka, Elmore County.
Baird, S. L., Phoenix City, Lee County.
Bancroft, Joseph, East Lake, Jefferson County.
Blackburn, Carl B., Fayette, Fayette County.
Blanton, Charles Edgar, New Market, Madison County.
Brown, A. M., Round Mountain, Cherokee County.
Brown, Charles C., Coker, Tuscaloosa County.
Bullard, C. C., Opelika, Lee County.
Burdeshaw, Lee R., Headland, Henry County.
Carter, J. P., Coffee Springs, Geneva County.
Carter, James Watson, Bessemer, Jefferson County.
Council, William L., Birmingham, Jefferson County.
Crook, Jerre Edward, Jacksonville, Calhoun County.
Davis, Fred E., Birmingham, Jefferson County.
Derrick, William W. (col.), Huntsville, Madison County.
Dickerson, Robert C., Brundidge, Pike County.
Disharoon, Henry Beauregard, Roanoke, Randolph County.
Downey, William Thomas, Marion, R. F. D. No. 3, Perry County.
Elrod, W. A., Albertville, Marshall County.
Farrish, Clarence E., Mobile, Mobile County.
Festorazzi, Angelo, Mobile, Mobile County.
Frazer, Tucker Henderson, Mobile, Mobile County.
Gaston, David F., Gastonburg, Wilcox County.
Goggans, James Adrian, Alexander City, Tallapoosa County.
Heacock, J. W., Talladega, Talladega County.
Horn, Edward G., Lisman, Choctaw County.
Howard, Thomas G., Selma, Dallas County.
Hudson, F. N., Gadsden, Etowah County.
Hunter, Felix B., Falkville, Morgan County.
Johnson, Frank H., Birmingham, Jefferson County.

Digitized by Google

Johnson, I. W., Nicholasville, Marengo County.
Kendrick, James E., Luverne, Crenshaw County.
King, Goldsby, Selma, Dallas County.
Kirk, Eben Bell, Montgomery, Montgomery County.
Maples, William Caswell, Scottsboro, Jackson.
Martin, William G., Warrior, Jefferson County.
Morris, Charles T., Sheffield, Colbert County.
McClendon, J. W., Dadeville, Tallapoosa County.
McDonald, Frederick William, Wylam, Jefferson County.
Norton, H. F., Leeds, Jefferson County.
Patterson, J. J., Boaz, Marshall County.
Penton, John Abner, Goodwater, Coosa County.
Peterson, Albert Jefferson, Goodwater, Coosa County.
Powell, Charles W., Lowndesboro, Lowndes County.
Searcy, James T., Tuscaloosa, Tuscaloosa County.
Shute, J. V., Hartford, Geneva County.
Slack, John C., North Birmingham, Jefferson County.
Slaughter, C. J., Boaz, Marshall County.
Smith, John Gardner, Bankston, Fayette County.
Smith, Willie R., Pinckard, Dale County.
Sorrell, Howard H., Brookside, Jefferson County.
Spencer, Lucien Allen, Bessemer, Jefferson County.
Spoorman, C. F., Headland, Henry County.
Stallworth, William Allen, Beatrice, Monroe County.
Stagg, John Bell, Pratt City, Jefferson County.
Stubbs, George Hamilton, Birmingham, Jefferson County.
Taylor, Joseph Calhoun, Haleyville, Winston County.
Tubb, James, Bessemer, Jefferson County.
Underwood, Nimrod T., Russellville, Franklin County.
Van Pelt, George W., Montgomery, Montgomery County.
Walker, James Fleming, Anniston, Calhoun County.
Waller, George Platt, Montgomery, Montgomery County.
Watkins, Isaac LaFayette, Montgomery, Montgomery County.
White, Thomas Noel, Spring Garden, Cherokee County.
Wilburn, Thomas J., Nauvoo, Route, Winston County.
Wilson, A. R., Hartsells, Morgan County.
68 deaths.

Digitized by Google

THE ROLL OF OFFICERS.

REVISION OF 1920.

PRESIDENT.

LOUIS WILLIAM JOHNSTON.....Tuskegee

VICE-PRESIDENT, NORTHERN DIVISION.

THOMAS JEFFERSON BROTHERS.....Anniston
(Term Expires 1922)

VICE-PRESIDENT, SOUTHERN DIVISION.

JOHN C. MCLEOD.....Opp
(Term Expires 1921)

SECRETARY.

HENRY GAITHER PERRY.....Montgomery
(Term Expires 1923)

TREASURER.

JAMES USSERY RAY.....Woodstock
(Term Expires 1923)

THE STATE BOARD OF CENSORS.

ACTING AS THE STATE BOARD OF MEDICAL EXAMINERS AND AS THE STATE COMMITTEE OF PUBLIC HEALTH.

WELCH, SAMUEL WALLACE, Chairman of the Board, (Official Residence Montgomery).....1919-1924
BRITT, WALTER S., Eufaula.....1920-1925
GAINES, VIVIAN P., Mobile.....1920-1925
HILL, ROBERT SOMMERVILLE, Montgomery.....1919-1924
BAKER, JAMES N., Montgomery.....1918-1923
GAY, SAMUEL G., Selma.....1918-1923
WYMAN, BENJAMIN LEON, Birmingham.....1917-1922
PARTLOW, WILLIAM D., Tuscaloosa.....1918-1922

Digitized by Google

TALLEY, DYER F., Birmingham.....1916-1921
JACKSON, WILLIAM R., Mobile.....1920-1921.

NOTE: The Governor is ex-officio chairman when the Board is acting in the capacity of The State Committee of Public Health.

STATE HEALTH OFFICER.

WELCH, SAMUEL WALLACE.....Montgomery
(Term Expires 1922)

DELEGATES AND ALTERNATES TO THE AMERICAN MEDICAL ASSOCIATION.

The Medical Association of Alabama is entitled to three delegates to the A. M. A. Delegates and Alternates are appointed annually by the President of the State Association, as their terms expire, to serve for the period of three consecutive sessions:

Name and Address — *Sessions of*

S. W. WELCH, Delegate, Montgomery.....April, 1920, to April, 1923
GEO. B. COLLIER, Alternate, Tuskegee.....April, 1920, to April, 1923
S. G. GAY, Delegate, Selma.....April, 1918, to April, 1921
M. S. DAVIE, Alternate, Dothan.....April, 1918, to April, 1921
F. W. WILKERSON, Delegate, Montgomery...April, 1919, to April, 1922
J. D. DOWLING, Alternate, Birmingham.....April, 1919, to April, 1922

CORRESPONDENTS.

DR. JULIUS F. PEAVY.....Atmore, Ala.
DR. JOHN A. WYETH.....New York City.
DR. ANDREW J. COLEY.....Oklahoma City, Okla.
DR. WM. C. GORGAS.....Washington, D. C.

"Distinguished members of the medical profession residing outside of the State, and Counsellors of the Association, who after not less than ten years of faithful service may have resigned their counsellorships, shall be eligible for election as Correspondents.

"Correspondents shall have the privilege of transmitting or presenting to the Association such communications, or scientific essays, as they may deem proper."—*From the Constitution.*

NEXT PLACE OF MEETING—MONTGOMERY.
TIME OF MEETING—THIRD TUESDAY IN APRIL, 1921.

Digitized by Google

COUNCILS AND STANDING COMMITTEES.

COUNCIL ON NOSOLOGY.

H. G. Perry, Chairman, Montgomery.....1920-1925
Thos. F. Taylor, Tuskegee.....1920-1924
D. L. Wilkinson, Birmingham.....1918-1923
Thos. D. Parke, Birmingham.....1917-1922
M. T. Gaines, Mobile.....1916-1921

COUNCIL ON PHARMACY.

Fred Wilkerson, Montgomery.....1920-1925
P. M. Lightfoot, Shorter.....1920-1924
C. A. Mohr, Mobile.....1918-1923
L. E. Broughton, Andalusia.....1917-1922
P. O. Chaudron, Dothan.....1916-1921

COUNCIL ON SCIENTIFIC STUDY.

J. S. McLester, Chairman, Birmingham.....1916-1921
John H. Blue, Montgomery.....1920-1925
W. G. Harrison, Birmingham.....1920-1924
L. C. Morris, Birmingham.....1918-1923
W. M. Faulk, Tuscaloosa.....1917-1922

STANDING COMMITTEE ON TUBERCULOSIS.

Glenn Andrews, Chairman, Montgomery.....1918-1923
J. G. Palmer, Opelika.....1920-1925
J. S. Beard, Troy.....1920-1925
C. A. Mohr, Mobile.....1920-1925
W. W. Harper, Selma.....1920-1924
C. C. Jones, East Lake.....1920-1924

STATE COMMITTEE ON MENTAL HYGIENE.

W. D. Partlow, Chairman, Tuscaloosa.....1920-1925
C. M. Rudolph, Birmingham.....1916-1921
Robert H. Howard, Tuskegee.....1920-1924
W. M. Faulk, Tuscaloosa.....1918-1923
E. D. Bondurant, Mobile.....1917-1922

Digitized by Google

STATE COMMITTEE ON FIRST AID.

W. S. Rountree, Chairman, Birmingham ..... -1922
J. N. Baker, Montgomery ..... -1922
W. W. Harper, Selma ..... -1921
Cunningham Wilson, Birmingham ..... -1921
George T. Blue, Montgomery 1920-1925
T. B. Hubbard, Montgomery 1920-1925

STATE COMMITTEE ON PREVENTION OF BLINDNESS.

S. L. Ledbetter, Chairman, Birmingham ..... -1922
Charles A. Thigpen, Montgomery ..... -1923
W. G. Harrison, Birmingham ..... -1921
R. A, Wright, Mobile ..... -1921
Paul S. Mertins, Montgomery 1920-1925
G. H. Cooper, Opelika 1920-1924

STATE COMMITTEE ON SOCIAL AND HEALTH INSURANCE.

V. P. Gaines, Mobile 1920-1925
S. W. Welch, Montgomery 1924
L. C. Morris, Birmingham ..... -1923
W. R. Jackson, Mobile ..... -1922
J. N. Baker, Montgomery ..... -1921

COMMITTEE APPOINTED TO MEET STATE TEACHERS' ASSOCIATION.

B. J. Baldwin ..... Montgomery
W. W. Harper ..... Selma
W. S. Ward ..... Birmingham

Digitized by Google

PART II.

Medical and Surgical Dissertations and Reports

THE JEROME COCHRAN LECTURE.

BRIGHT'S DISEASE WITH SPECIAL REFERENCE TO TREATMENT.

HENRY A. CHRISTIAN, M. D., Boston, Mass.

Mr. President and Members of the Medical Association of the State of Alabama:

I have appreciated highly the honor of the invitation to address you as Jerome Cochran lecturer for 1910. I accepted in anticipation of a hearty welcome from you, an anticipation already brought to full realization during my brief stay in your midst. Myself a Southerner, from my adopted home on the shores of Massachusetts Bay, I have watched with great interest the rapid developments of medicine in this Southland, and have rejoiced with you in its progress. My work during the present year with the National Research Council at Washington has afforded me more contacts with the South than has been my recent privilege, and in part makes possible my presence here today.

The National Research Council is concerned with the organization, development and correlation of the forces of the country in investigation in the fields of the physical and natural sciences. My work in it as Chairman of the Division of Medical Sciences has been in large part one of organization, and so it is not inappropriate that I should be giving a lecture, founded to honor one, the late Dr. Jerome Cochran, whose chief work was that of developmental organization of the medical professional of

Digitized by Google

the State of Alabama. To Dr. Cochran, you of the State medical profession owe much; he wisely organized for the time in which he lived. The organizer sees the present and the immediate future and plans accordingly; the next generation, building on the past, changes where change is needed and keeps the organization in tune with its time. The first builder deserves the largest credit and so it is fitting that this hour be set aside in honor of the first builder of the organized profession of Alabama.

As subject for today, I have chosen "Bright's Disease with Special Reference to Treatment," as a subject of well nigh universal interest to the practitioner of medicine for he can go but a little way on his road without encountering problems of this disease which takes a very large toll of humanity in sickness and death as witnesses by its high place in the mortality statistics of towns, states and countries. I am to talk of a disease which you all know and which no inconsiderable proportion of you sooner or later will have to face as that particular ill which will determine your entrance into the great Hereafter.

It is a disease filled with interest for him that would delve beneath the surface and question the statement that seems so clear and definite in the printed text; particularly is it a fascinating subject of inquiry for him that studies closely disease manifestations in his patients and ponders the cause of what he observes. Though resognized and described by Bright a hundred years ago, vast fields for investigation remain for we do but know a little, even yet, of it, and so it offers much of interest to him of the exploring type of mind.

In thinking of a disease entity I like to get a bird's eye view of it. To do so one needs to summarize the known important facts of the condition and to fuse them into as complete a picture of the disease as is possible. To make it a well-defined picture bold strokes are needed, and many details must be omitted. It is much the same process as determines the preparation of the cartoons that the master artist boldly sketches in preparation for the detailed work of the elaborated picture.

For such a sketch of nephritis we need to think of the kidney as an organ concerned alone in elimination. Its

Digitized by Google

work is to remove from the body waste products, non-threshold substances, adequately diluted so as not to injure the eliminating cells and at the same time to retain for the body's further use such substances that go to the kidney as can be further utilized in the body economy, threshold substances. To accomplish this a complicated mechanism is required, for excretion must be brought about as a result of physical filtration combined with selective reabsorption. The unit for this is a tuft of thin-walled capillaries and a filtration membrane composing the glomerulus and a long twisted tubule lined at different levels by varying types of epithelial cells in close proximity to other capillary vessels.

Nephritis, or Bright's disease, in a pathological sense, consists in degenerative changes in these renal structures of a progressive nature, often accompanied by exudation and infiltration and followed by proliferation. As our present-day knowledge stands, we can safely subdivide these changes into acute and chronic and we recognize that such changes cause certain symptoms in our patients, but we cannot correlate closely any particular structural change in the kidney with most of the manifestations of the disease. It would seem that our tendency is to pay too much attention to structural change in the kidney, too little to the manifestations of a general disease process which is not merely the resultant of renal lesion.

To me the best working basis is afforded by a very simple clinical classification of nephritis into acute and chronic with further subdivision of the chronic into cases with oedema and cases without oedema. We find a very considerable variation in the degree of severity of symptoms in the cases, but I believe to attempt to subdivide much further into types is more confusing than helpful. Possibly it is well to recognize a subacute type of nephritis.

Variations occur in individual cases, chiefly representing degrees of severity of process, but such a simple clinical classification as suggested above suffices for the needs of present-day management of nephritic patients and is about as far as our knowledge justifies us in going in subdivision.

Digitized by Google

As to etiology, we recognize that most of the acute cases arise as a result of acute infections and that we know very little as to the cause in chronic cases. The majority of acute cases recover and but rarely do chronic cases give a history of an antecedent acute attack. It seems to me that the many assigned causes of chronic nephritis can neither be denied nor accepted. Certain it is that for all we must admit that they are not proven. It is extremely unusual to encounter a case of chronic nephritis whose cause we can say we know. The very general assumption that chronic nephritis results from acute nephritis seems to have no justification in observation.

The relation of increased blood pressure to nephritis is important. Marked increase usually comes in cases without oedema. In chronic nephritis with oedema blood pressure is more apt to be but moderately elevated except in the end stages when it may be very high. Usually in acute nephritis blood pressure is only moderately elevated. High blood pressure often occurs without demonstrable renal inefficiency, the so-called essential or vascular hypertension. Consequently it seems pretty evident that renal insufficiency is not the primary or only cause of high blood pressure, though in some way the two conditions are frequently associated. Finding a high blood pressure does not justify the diagnosis of chronic nephritis.

The cause of oedema in nephritis is unknown. There are many theoretical explanations; none of these explain all cases and treatment of oedema based on any single theory often proves ineffectual.

By uremia we mean the toxic manifestations, mainly cerebral, of nephritis. It is due to a purely hypothetical toxic substance as to whose nature we know nothing, and whose existence even has no real proof. The diagnosis, uremia, is often incorrect; cerebral hæmorrhage and other cerebral vascular disturbances are frequent causes of error in diagnosis in patients with hypertension. Uremia is most frequent in chronic nephritis without oedema, but may occur in all forms of nephritis, acute and chronic. In acute nephritis it is not of very serious prognistic import; in chronic nephritis it is serious.

Digitized by Google

Albumin and casts in the urine are found almost without exception in nephritis. Neither one nor both together are diagnostic of nephritis. Both seem compatible with good health as shown by studies in the British Army and by studies carried out on college students. I suspect that finding albumin and casts in otherwise normal individuals has caused much needless alarm and interdicted much good business to insurance companies. Even such strenuous conditions as life in the trenches seemed to do no harm to otherwise normal soldiers with albumin and casts in their urine, and they were no more liable to acute nephritis than their fellows. When albumin and casts are found, careful study should be made of the patient for other evidence of nephritis; none being found limitations to exercise and diet are not called for.

We now have excellent methods of measuring renal function and their use in nephritic cases is very helpful, especially in prognosis, though useful in both diagnosis and treatment. 'Phthalein excretion, blood nitrogen determinations, variations in specific gravity, amount of urine excreted and in concentration of salt in specimens taken at frequent intervals are the methods of most usefulness. The first and last of these are simple enough to be used by every practitioner on patients in their homes and should be much more generally applied than is now the case.

With this sketch of nephritis let us turn our attention to treatment. Treatment of nephritis is purely symptomatic and largely empirical. Empiricism is being reduced by degrees as we increase our knowledge of nephritis. Empirical treatment may be most excellent treatment but it can be improved by increased knowledge. We can say, I think justifiably, that we have almost no etiological knowledge of nephritis that aids us in treatment. The structural concept of nephritis has not helped much in treatment. Increased knowledge of renal function has improved treatment. Functional treatment is symptomatic treatment.

What do we aim to accomplish in acute nephritis? Two things, to remove causes and retard progression of the disease. Most symptoms of acute nephritis take care of

Digitized by Google

themselves without special treatment. In acute nephritis we need to recognize two things; almost all patients get well; they have very few uncomfortable symptoms. As already said, the cause most often lies in an acute infection. To remove the cause of acute nephritis, clear up the infection as rapidly as possible and prevent its recurrence. To retard progress put the patient under the best conditions of general and renal rest; this means in bed with plenty of fresh air and a simple nutritious diet rather low in salt and proteid, but not an extremely restricted diet. Catharsis and sweating are not needed; mild laxatives are indicated. Diuretics on a purely theoretical basis in most cases are not called for; if given they may do harm; so why use them? Oedema is rarely marked enough to be even uncomfortable, it requires no special treatment except when present in marked amount.

Uremia in acute nephritis occurs occasionally; when present it needs treatment. As already stated, uremia is supposed to be the result of a hypothetical toxic substance formed or retained in the body. Consequently on a theoretical basis we might either attempt to neutralize or destroy the toxic substance or increase its rate of elimination. We know of no means of neutralizing or destroying this hypothetical toxic substance. We can seek to increase its rate of elimination by stimulating elimination through all possible channels of excretion. This we have to attempt because we do not actually know how the substance causing uremia is eliminated from the body. As the toxic effects are general rather than strictly local, we are justified in assuming the presence of the toxic substance in the blood. At any rate bleeding is the promptest and most effective means we have of counteracting the symptoms of uremia, particularly those of acute uremia. Often it would seem that bleeding is actually a life-saving process.

Elimination in uremia is further brought about by sweating, by active catharsis and by diuresis. Sweating is best produced by mechanical means, hot air baths, electric light sweats, hot packs and hot water baths, etc.; drug sweating is rarely desirable. Occasionally in patients in whom sweating is very difficult to produce, a

Digitized by Google

small dose of pilocarpine may be used to start the process, but it is not safe to resort to any extensive use of pilocarpine.

Saline catharsis, best with magnesium sulphate, helps particularly in the more chronic types of uremia. Diuresis is best produced by increased fluid intake. I am extremely skeptical of the value of diuretic drugs in uremia.

When there are active convulsions, these can be best controlled by light chloroform anæsthesia. Morphine is frequently given, but I have the impression that on the whole its use is best omitted as a means of influencing the convulsive seizures of uremia.

When we come to chronic nephritis, the problem is very different. Moreover, treatment should vary much with the severity or stage of the process and the symptoms shown by the patient. Since we have so little knowledge of the real causes of chronic nephritis, we can do but little on the basis of etiology toward preventing or retarding the progress of the lesion. If we can find areas of infection, so-called focal infections, their removal seems the very obvious thing. Undoubtedly, the presence of the infection is a harm to the body and to remove it improves conditions. I doubt, however, whether any very direct effect on the nephritis is ever obtained. The present, almost indiscriminate, removal of tonsils and extraction of teeth, to my mind, are fads run riot. If tonsillectomy in older adults, and it is practically only in older adults that the question arises with chronic nephritis, is viewed as a serious surgical operation requiring roughly six months for subsequent return to normal equilibrium, then the physician has a good basis for his advice as to removal of tonsils, presumably infected, in a patient with chronic nephritis. If the tonsils are to be removed they must be removed completely and thoroughly, not partially and hurriedly, and this is why tonsillectomy is a real operation. If the patient is having repeated attacks of tonsillitis or has tonsils definitely infected, the operation should be advised. When there is real doubt as to the tonsils being diseased, I say, leave them alone in so far as any causal relation to nephritis is concerned. As to extraction of teeth, it is more a question of looks and

Digitized by Google

convenience. However, God-given teeth kept in good condition by a competent dentist, are more effectual organs of mastication than any variety of store teeth, and so are preferable. The X-ray which shows change at the tooth root is by no means diagnostic of apical abscess, and I am perfectly sure that daily great numbers of teeth are being uselessly extracted. So I would say exercise great common sense on the question of tonsils and teeth in relation to chronic nephritis. The same view should apply for other possible focal infections.

Much of the management of the chronic nephritic hinges on the theory of physiological rest for the injured or over-worked kidney. This theory is based in part on the idea that to a certain extent the kidney excretes from the body irritating substances which in their passage through the kidney will irritate the renal cells and these may be reduced by excluding from the diet articles, such as those containing much of the extractives or foods highly flavored with condiments, whose digestion results in the formation of such irritating substances. In part the theory is based on the idea that in excretion the kidney does a definite work in the excretion of various substances and this work may be decreased by decreasing the ingestion of foods which in their breakdown go to make up these products of excretion, furthermore that certain substances by reason of their structure cause a greater amount of work in their excretion than other simpler substances and that by appropriate diet the former substances, more difficult of excretion, may be replaced by the latter to a considerable extent. It would seem that by means of a relatively simple diet, rather low in proteid, very low in extractives, free of spices and other condiments, rather low in NaCl, and with moderate fluid content, we can reduce to a relatively minimal the amount of work the kidney is called upon to do, and so increase its opportunity for rest and repair. It certainly seems rational to think that there is less work required of the kidney in the excretion of a urine of moderate amount containing relatively little sodium chloride and other salts, urea, uric acid and other nitrogenous substances, etc., as contrasted to a more abundant urine richer in all of these ingredients. Furthermore, it seems likely that

Digitized by Google

the damaged renal cells have better opportunity for restoration when they are not over-worked.

To bring about physiological rest we select a diet poor in proteid as contrasted to the average normal diet and poor in sodium chloride. Proteid calories are replaced by carbohydrates and to a less extent by fats. Fluid intake is set at a level of about 1500 c.c. per 24 hours. The exact degree of reduction in protein, salt and fluid should vary with the degree of the nephritic process. In milder cases combined with such dietary restrictions should go periodic baths of various sorts to cause moderate or marked sweating. Catharsis to give free, not loose movements, is needed for the average nephritic. Diuretics seem to have little place in the treatment of the average nephritic.

When uremia occurs in chronic nephritis it is to be treated as described under acute nephritis, only it is more important to be energetic in its treatment.

Hypertension is frequent in chronic nephritis but requires no particular therapeusis other than the diet, baths, catharsis, etc., already described. Vasodilator and other drugs to lower blood pressure are of very little real use and I almost never use them. A high blood pressure, causing marked symptoms, may be relieved by bleeding. The above should not be taken to imply that high blood pressure and its symptoms are not relieved by treatment; rather do I mean that the general management of the nephritic, as I have indicated, is also the best management for the particular condition of high blood pressure.

Oedema in certain types of nephritis is very annoying. Reduction in fluid intake and restriction of protein and especially of salt in the diet is indicated. In some cases the oedema is closely parallel to salt intake, but in my experience the cases with oedema, so easily controlled as by salt restriction, are rare.

The high protein diet advised by Epstein for oedematous nephristics, in my hands, has not given good results. Similarly the alkaline treatment of Fischer has been disappointing. Continued catharsis sometimes helps. When oedema is marked mechanical removal gives prompt, but as a rule, but temporary relief.

Digitized by Google

In the nephritic the oedema often is more the result of cardiac than renal disturbances, and in these case digitalis in active dosage, alone or combined with a diuretic as theobromine salicylate or theophyllin, gives a very prompt and efficacious diuresis. With a normal heart and oedema from renal insufficiency, I have never seen a diuresis from digitalis and very rarely one from the diuretic drugs.

In the time available I have been able to present the subject in but a sketchy way, with many omissions, but I hope I may have brought you a few suggestions of value. If nothing more has been accomplished, I have at least stirred up some doubts in your minds as to the value of the removal of tonsils and teeth and the use of diuretic drugs in nephritis. Indiscriminate tonsillectomy and tooth extraction are useless and may be harmful. If you use diuretics, it is essential that you measure fluid intake and urine output in your patients and judge of the value of the diuretics on the basis of whether or not they actually increase the output of fluid from the body. If they do not act to cause a diuresis, then you are not justified in continuing their use in a given case. It is better not to have theories as to diuretics, but to know actually what they are causing in the patient you are treating; this you can find out by simple observation. It is absolutely wrong to diagnose nephritis on the basis of finding albumin and casts in the urine, or because of any single symptom or sign. Bright's disease is a general condition, not solely a disease of the kidneys; it must be recognized from observed general conditions. Some people treat a patient on the basis of a diagnosis, not on the basis of a knowledge of actual conditions in that individual patient. This method of treating Bright's disease is probably worse than no treatment. On the other hand, intelligent individual management of the nephritic patient can accomplish much. If this is your goal, then you need to study your patients thoroughly; simple means, such as are available to each and all of you, are sufficient. It is not the methods, which you are not in a position to use, but those which you can use but do not use that are responsible for giving to your patients treatment less efficient than you are actually capable of.

Digitized by Google

A MESSAGE FROM MISSISSIPPI.

PUBLIC HEALTH WORK IN MISSISSIPPI—PAST AND PRESENT.

F. J. UNDERWOOD, M. D.,
President of Mississippi Medical Association.

Ladies and Gentlemen:

I desire at the very outset to express a deep and abiding sense of gratitude and appreciation for the favor you have conferred upon me in inviting me here and honoring me with a place on your program. I feel that you would be interested to know what your sister state, Mississippi, has been doing in a public health way. I tell you of our achievements in no sense of boastfulness, yet I am proud of our progress. I presume that in a way you know about us but I want to tell you definitely.

As president of the Mississippi State Medical Association for the past year, I have tried to do such constructive work as would redound to the honor of the organization and result in its upbuilding. Our records show 1,726 white physicians in Mississippi who hold license to practice medicine. Of this number 1,158 hold certificates of membership. There are, therefore, 578 who are not affiliated with the association by membership. I am ashamed for these 578 doctors. It seems to me that every physician who has an interest in his profession and respect for it would align himself with an organigation which has stood for that which is honorable and of good repute among the citizenship of Mississippi. Any doctor who does not hold a certificate of membership can not obtain reciprocity with another state.

Our State Board of Health has wisely adopted the policy of not electing any physician health officer who is not sufficiently interested in the profession and its problems to become a member of organized medicine. The Mississippi State Medical Association was organized in Jackson in 1856 by a group of as fine physicians as the country afforded. They were patriotic and altruistic fellows with a vision. Since that time this organization has maintained a uniformly honorable and constructive policy in behalf of the profession and the people of the State.

Digitized by Google

The chief object of the Association is the noble and unselfish purpose of maintaining high standards in the ethics and practice and in upbuilding and conserving of the health of the people. Can you think of a greater service than that of teaching the people of a state or community the principle underlying the prevention of disease and the solution of the problems of public health?

During the past half century the civilization of the world has passed from an era of superstition and ignorance into an era of enlightenment and intelligent appreciation in a large measure of the principles of preventive medicine. We are now entering upon the greatest period of constructive hygiene the world has ever known. The citizens of your State and of mine and our nation are gradually awakening to the increased importance of public health for the community, city and commonwealth. During the past ten years Mississippi has made rapid progress in accomplishing those things for which the medical profession of the state has stood for the past half century.

In 1911 a bill was passed by the Legislature, revising the then out-of-date Medical Practice Act and requiring all medical students to have four years' high school work for entrance to a reputable medical school, which should give four sessions of work, each session thirty-two weeks in length, as a minimum requirement for graduation in medicine. During the same session of the legislature, the State Board of Health, through the co-operation of the medical profession, succeeded in securing an increased appropriation for health work, from $8,000 to $22,000 per annum. The appropriation made in 1908 was $4,000 for two years with the admonition by the legislature that if the State Board of Health, after the legislature had been so generous and so solicitous about the good health of the citizens of the state as to appropriate $2,000 per year for the public health work, failed to make good by doing some real constructive health work, that the Board of Health and the appropriation would be abolished at the next session. The Board spent this appropriation educating the people of Mississippi. Dr. Fred J. Mayer, of New Orleans, was employed to preach the gospel of sanitation all over the state. The result was that the legislature appropriated $8,000 for 1909 and $22,000 for 1911.

Digitized by Google

This made it possible to enlarge the State Hygienic Laboratory, which was established in the latter months of 1910; to create the Bureau of Vital Statistics, and to inaugurate a system of inspection of public service places in the towns and cities of the state. There was also conducted during the years of 1911 and 1912 a systematic and very aggressive educational campaign throughout the state, for the enlightenment of the people on hygiene and sanitation. Perhaps the most constructive period of health work in Mississippi has been the past four years. The foundation had been laid by effective educational activities during these years and the legislature of 1916, with expressions of approval of the great work done by our State Board of Health, increased the appropriation from $22,000 to $32,000 per annum. This legislature passed the model law for the prevention of blindness.

Probably the most notable piece of work done by this session was the passage of the law for the creation, establishment and maintenance of a sanatorium for the control and treatment of curable cases of tuberculosis. The legislature of 1918 showed a most favorable attitude to public health activities because of the growing public sentiment in favor of efficient health work. The appropriation for the Board of Health was increased from $32,000 to $48,000. The Medical Practice Act was revised, providing that the examination subjects for license to practice medicine be increased from eight to twelve, requiring the additional subjects of physical diagnosis, theory and practice of medicine, histology and bacteriology, and the eye, ear, nose and throat. This gives Mississippi as good medical practice act as has any state in the Union.

A Model Dairy and Creamery Law for the purification of milk for human consumption was passed. A special appropriation of $20,000 was made for rural sanitation. A like amount had been appropriated by the previous session. Seven counties, in co-operation with the State Board of Health, have health units doing intensive health work and ten more have been lined up for this year. Advanced legislation and increased enlightenment of the people of the state has been responsible for the definite results obtained in public health work in Mississippi the past three or four years.

Digitized by Google

The legislature of 1920, only recently adjourned, appropriated for Board of Health use $266,000 for 1920 and 1921. $1,043,000 was appropriated for the further enlargement and maintenance of the tubercular hospital. $20,000 was appropriated for the Bureau of Venereal Diseases. We feel sure of an appropriation for a special building or home for the State Board of Health and all of the subordinate departments on the grounds of the old Capitol building at the 1922 session. In enlarging and making more effective the health organization in Mississippi, our Board of Health realizes that the county is to be the unit of organization.

In the average county there are 360 deaths per year; of these deaths 172 are from preventable causes; 40 deaths are due to consumption; 7 deaths to typhoid fever; 10 deaths to chills and fever; 80 deaths of children under two years of age are caused chiefly by summer complaint and the ignorance of the mother. Each county has at least 700 cases of venereal diseases and 1,600 cases of other infectious diseases. Each county has at least 500 people sick in bed every day of the year. 120 cases of consumption is the yearly number for the average county, and so many of them are totally ignorance of the effects of careless coughing and spitting and are permitted to sow the seeds for another crop of victims. Then think of per cent of the school children with defects, most of which could be corrected. Some ignorant people think these deaths and this sickness is predetermined and due to causes over which we have no control, but those who are informed know better and feel a responsibility that they can not shake. We know that about 50 per cent of all the deaths are preventable and that all infectious diseases can be suppressed and ultimately controlled.

The medical profession in every state should stand as immovable as Gibraltar for the enlargement and proper maintenance of health organization; for legislation requiring medical and dental inspection of school children; for increased attention to rural sanitation; for the organization of all-time health departments; and for the enlistment of every citizen in behalf of a higher and better citizenship.

Digitized by Google

TREATMENT OF COMPOUND FRACTURES.

R. W. WALDROP, M. D., Bessemer.

No other branch of modern surgery has advanced more rapidly than the treatment of compound or open fractures. It is only within a recent period that a compound fracture did not mean also, an infected one.

We have learned from the recent great war that there is a distinct differentiation between a contaminated and an infected wound. By a contamination is meant the soiling of a wound with material which if left will certainly develop sepsis; but if removed promptly before infection actually begins would leave the wound in condition for primary union. The fate of every compound fracture is largely decided by the first dressing, which is the most important part of the entire treatment. When first seen, an elaborate attempt at diagnosis should not be undertaken. First pour iodine in and around the wound; correct any extreme deformity and cover with sterile gauze. Give tetanus antitoxin, especially if there has been any chance of soil infection. Also give hypodermic of morphine.

Before transporting or moving the patient there should be some means of temporary immobilization or fixation of the limb. A board or metal splint, or better still, a Thomas splint may be used for this purpose. The best place for completing the dressing is in the operating room of a hospital. One of the worst places is the patient's bedroom.

All these cases should have an anesthetic, either gas-oxygen or ether. Cleanse the surface well around the wound with benzine, gasoline or either, and dry with alcohol. Then fill the wound with 3½% iodine and paint the skin around it for some distance. Enlarge the opening if necessary and explore the wound; remove pieces of skin that are dark, torn into shreds and devitalized; ligate all bleeding vessels with catgut; unite important

Digitized by Google

nerves that are recognizable; remove pieces of muscle that are badly lacerated, dark and show evidence of being destroyed, but no red or bleeding tissue should be removed.

Peritosteum should be saved to the last degree, even though apparently destroyed, it is valuable enough to be kept. Loose detached fragments of bone are perhaps better removed than left in unless they can be utilized to an advantage in scaffolding over or acting as a bridge or support for the growth of new bone. On the other hand, all pieces of bone that are not detached or denuded of periosteum should be left. It is better when you can maintain a reasonable approximation of bone by aid of chromic catgut or kangaroo tendon to depend on this, rather than on metallic aids, such as wire, bands or bone plates.

However, I frequently use the Parham-Martin band in oblique or badly comminuted fractures that it seems I cannot hold in position by any other means. Also an occasional Lane's bone plate, when I feel that it is best suited to the individual case. I have had no occasion to regret the use of metallic aids in maintaining the corrected position in certain selected cases of recent compound fracture, although I am well aware of the fact that it is contrary to the usual teaching.

In closing the wound, if possible suture periosteum over the line of fracture; bring muscles and tendons together with catgut and without tension; drain down to the fracture with soft rubber tubes or rubber tissue and put in a counter drain when it seems necessary. Moorhead says two small drains are four times as efficient as one large one. Close the skin loosely with horse hair, silk or silkworm gut, including the subcutaneous facia; dress wound with large loose dressing of plain sterile gauze and over this a gauze bandage with only enough pressure to hold dressings in place; put limb in a fracture-box, wire gauze splint or open gutter of some kind; put the patient to bed with limb elevated. If the temperature does not go over 101° F. and there is not much local pain or soiling of dressings, it is not necessary to dress the wound for four or five days or even longer. At the first dressing,

Digitized by Google

the splint, preferably, should remain in position. If the wound seems in good condition, one of the drains should be removed if two were used. If only one has been used, it should be shortened and twisted to prevent adhesions and the wound redressed, using a dry dressing as before.

The wound may be dressed again in three or four days and the final drain and sutures removed. If, however, at any time, signs of trouble are manifested by pain, temperature, increased pulse-rate and local evidence of beginning infection, the stitches should be removed, the wound opened up widely and free dramage provided for. The wound should be irrigated with a mild antiseptic solution. Personally, I prefer using Dakin's solution with the Carrell technique, of which you are all familiar. Later doing a secondary closure. When the infection is under control, some form of permanent dressing should be applied, usually a Plaster Paris cast with a circular window, or a moulded cast is the best for these cases.

Every attention should be given to the diet and general nutrition of these patients. An abundance of fresh air and sunshine should be provided for when possible, and the infected cases, especially, should be kept out the entire day and even at night, under protected conditions. When the wound can be exposed to the air and sunlight, the repair will be greatly hastened and the discharge rapidly diminished. When necessary, sedatives should be used to secure rest and sleep. The aged patient should be turned in an effort to prevent hypostatic complications and the head of the bed raised or a back-rest given. Tonics, as iron, quinine and strychnine are often of benefit and should be given when needed.

DISCUSSIONS.

J. N. Baker, M. D., Montgomery: I do not think such a valuable contribution should pass unnoticed.

Out of its many horrors, the war brought a great many good things, also. One of the most important, so far as the medical profession is concerned, is the great importance attached to the treatment of fractures in general, and especially compound fractures. Prior to the war,

Digitized by Google

surgeons were so deeply engrossed in abdominal surgery that fracture work was relegated largely to the junior surgeon. Out of the war came, for us, this valuable lesson: fracture work is major surgery, demanding the highest skill and art which it is possible to apply, if a full measure of success is to be attained.

The first prerequisite is that the wound should be thoroughly sterilized. The wound must be laid wide open, absolutely thoroughly cleansed, and a thorough debridement of all devitalized tissue be practised. After that, the wound should be at least partly left open; if no infection takes place the wound can be closed, and the treatment now resolves itself into that of a simple fracture. The point of paramount importance in these cases, to my mind, is the question of proper traction and suspension—the use of a suspension splint so that ready access can be had to the injured part. The Thomas and the Hodgen's splint have revolutionized the treatment of compound fractures. Where infection occurs, the Carrel-Dakin treatment is par excellence the method to be employed for sterilizing the wound.

I wound stress the importance of every man who attempts fracture work equipping himself with satisfactory apparatus and learning how to apply it, and of teaching his assistants the importance of watching almost hourly these cases for possible trouble. Suspension, coupled with traction, properly applied and intelligently supervised, has materially diminished both the morbidity and the mortality in these difficult cases.

A. W. Ralls, M. D., Gadsden: I would like to stress one point, and that does not apply particularly to the character of splints mentioned, and that is, complete immobilization of the points. This applies to any kind of plate that might be applied. Those in service who had occasion to serve in the hospitals saw more poor results from bone grafting from an inability to properly immobilize the parts than any other cause.

S. W. Welch, M. D., Montgomery: I do not think the general practitioner should allow a paper of that kind to

Digitized by Google

go undiscussed. I feel out of place in discussing a surgeon's paper, and yet there is to the rural doctor a degree of interest in a paper of this kind which should not be neglected.

In speaking of the various appliances, the lack of which bring failure, no man feels this more acutely than the man isolated in the country. Nothing has appealed to me so much as the organization of the various hospitals in bringing to the attention of the general practitioner the various appliances that will bring him success. It occurs to me if three or four men in every county would get together and equip themselves with these appliances, and let each man have a particular appliance as he needed it, it would enable the country doctors to have these appliances ready when accidents of this kind occurred. The majority of us could treat a condition of that kind if we had the means with which to do so. I simply throw out the suggestion it would be a wise thing for you to get together. Team work will bring success to you when nothing else would.

Member: I enjoyed the paper and think his treatment is eminently correctly in detail. I also believe there is a great pathological conception which helps one in the treatment, particularly in complications which arise. In the infected compound fractures, the process is much the same as in other infections. You have the marshalling of leucocytes, redness, swelling, pain, and pus. The only difference is the bone tissue, being hard, the mechanical process takes a long time. I think that is the correct pathological conception, and if the doctor holds that in mind, he will modify his treatment to the good of his patients.

D. F. Talley, M. D., Birmingham: I think one very important feature should always be mentioned in connection with compound fractures, and that is the admonition to the profession in general never to reduce a compound fracture until it has been cleansed. I have seen disastrous results from reductions being made before the bone was antisepticized. I have had several cases of

Digitized by Google

compound fracture where the radius was broken and the ulna punched through the skin. The first one of those cases was reduced without having been antisepticized, and although I opened it and the case was brought into the infirmary and thorouhly antisepticized, this man got up a very virulent streptococcic infection, and came very nearly losing both his arm and his life. His arm was saved, but he has a perfectly useless hand.

I had another case brought in with almost the same injury. An effort had been made by the physician to reduce it, but he could not do it. This was thoroughly cleaned up, and this man was well in a few weeks, with no loss of function of hand.

We have known a good deal about the treatment of compound fractures even before the war. The most important thing was to get them perfectly clean. I think it is important to stress the point of opening up the compound fracture, even where you have only a pin-point opening. Sometimes the openings are so small they might be overlooked. Those are the cases in which it is important to open and antisepticize. Where there hasn't been a great deal of damage to the soft tissues, those cases may, after having been antisepticized, be closed up immediately. Plaster of Paris may be put on and left for five weeks without redressing. In a good many cases I leave dressings for a month without changing. They become very much soiled, but they give no trouble. You can leave the plaster dressing until the fracture has become sufficiently united not to be displaced when putting on a new plaster.

We should never reduce a compound fracture until it has been thoroughly cleaned up, because we do have disastrous results, due to this oversight.

Dr. Waldrop (closing): I appreciate the interest and discussion given this paper.

Digitized by Google

BLOOD TRANSFUSION.

EARLE DRENNEN, M. D., F. A. C. S., Birmingham.

Transfusion has won a deserved and honored place in modern surgery. Although it is mentioned in the literature of the early Egyptians and again in the first century B. C. by the elder Pliny and at various times during the middle ages, nevertheless it fell into entire disrepute until about a dozen years ago.

This is not to be wondered at when one reads of lamb's blood and the blood of other animals being employed. One of the most notorious transfusions on record took place the year America was discovered. Pope Innocent VIII was operated on in April, 1492, and immediately went into collapse and coma. The technique of the operation is not described but the results are duly noted. The blood of the Pope was passed into the veins of a youth, and at the same time the blood of the youth was passed into the veins of the aged Pope. Three different boys were used. The procedure resulted in the death of the three boys and the Pope.

Crile, of Cleveland, began experimenting on dogs about fifteen years ago, and finally developed a method of uniting the severed end of the donor's artery into the recipient's vein, by means of a small metallic cuff. The mechanical difficulties of the operation as practiced by Crile at that time, made the operation exceedingly tedious, and for the most part wholly impracticable, resulting more often than not in complete failure. Today, thanks to improved methods and technique, transfusion can be carried out as deliberately and as successfully as any operation in surgery. No one any longer attempts to unite artery and vein.

The technique of modern-day transfusion has narrowed down to two methods: namely (1) the transference of whole blood by syringes or mechanical tubes, no chemical being added to prevent coagulation. (2) The method

Digitized by Google

known as the Citrate Method, which is the method of choice and which I shall presently describe in detail. While the tubes and syringes still have their advocates, the great majority of surgeons are coming to depend entirely on the citrate method. The advantages of the citrate method are:

1. Absolute certainty of the patient getting the blood in his veins.
2. Blood can be kept or transported and then used.
3. Veins of the patients and donor are not cut and tied, thereby permitting repeated use of the same vein. This may be important in anæmia cases where many transfusions are required.
4. No hurry or haste.

The indications for transfusion are too well known for one to dwell on that score. Broadly speaking, they fall into two groups; one, acute hemorrhage, and (2) the anæmias, hæmophilia being including under the first. They might also be classified as (1) life saving and (2) therapeutic. At the South Highlands Infirmary we have instituted the practice of having donors of known grouping available. Every hospital should do likewise, as occasionally a life will be saved thereby . After tonsillectomy, post-partum hemorrhage, operative shock, traumatic amputations and the sudden loss of blood from any cause, transfusion is often life-saving.

TECHNIQUE OF CITRATE METHOD.

Choosing the donor—first, eliminate syphilitics; second, donors over 45 years of age not desirable; third, men preferable on account of large veins; fourth, donor must be of suitable grouping. (For the details of this the reader is referred to the Journal A. M. A., April 27, 1918, page 1219, in an article by Dr. Beth Vincent entitled, "A Rapid Microscopic Agglutination Test for Blood Group and Its Value in Testing Donors for Transfusion.")

The things required for a citrate transfusion are as follows:

Bleeding needle, large bore with 3 inches rubber tubing attached.

Digitized by Google

1,000 cc. glass graduate and glass stirring rod.

2% citrate solution, 60 cc. required to be mixed with 450 cc. of blood.

Salt solution and infusion apparatus.

Novocain solution hypodermic syringe and small dissecting set to be used in case of failure to puncture the vein.

The patient's arm is shaved and sterilized about the elbow. A suitable vein is selected and a tourniquet is applied above the elbow lightly. It is sometimes advisable to transfix the vein with a small cambric needle. This makes it easier to enter the vein. A few drops of novocain solution are injected into the skin and a bleeding needle is plunged into the vein. The blood is directed into the glass graduate, which is placed beneath the arm on a stool, the graduate containing 30 cc. of the citrate solution. The assistant stirs constantly and slowly, mixing the blood with the solution, being careful to keep the end of the glass rod on the bottom. This prevents whipping. When 250 cc. of blood has flowed into the graduate, another 30 cc. of cirtate solution is added. When the graduate contains 500 cc. the tourniquiet is removed from the army, the needle is withdrawn and pressure applied for a few minutes. The donor should be kept quiet for several hours, encouraged to take fluids liberally, and to eat beefsteak. The rest of the transfusion is carried out by doing an intravenous infusion of normal salt solution, and when this is running nicely blood is added in place of more salt solution.

In about 40% of the cases a chill of more or less severity follows the operation. This can be prevented or controlled by the injection of morphine grains 1/6 and atropine grains 1/150. It has been found that more than 18 grains of citrate solution is very apt to cause a chill.

DISCUSSIONS.

A. W. Ralls, M. D., Gadsden: I do not believe Dr. Drennen mentioned the fact that in case the blood is not properly grouped the transfusion must be done quickly. You might give a small amount of blood and wait for reaction until giving the entire amount.

Digitized by Google

J. M. Mason, M. D., Birmingham: Blood transfusion has its greatest indication in acute hemorrhage. Many cases have been transfused successfully without grouping the blood, but occasionally there have been disastrous results because time did not permit of proper grouping.

The method presented to us today requires only two or three minutes time. If further laboratory and clinical experience confirms the fact that it is reliable, we will have at hand a method which can be employed even in the most urgent cases.

It is an excellent idea in every hospital to have all those who might be available as donors grouped so that we will have in readiness a number of available donors whenever transfusion is needed. At the Mayo clinic the practical application of blood transfusion has been made as simple as the ordinary use of salt solution.

I am told that they have about two hundred people working about the clinic whose blood has been grouped, and who act as donors whenever transfusion is needed. In any operation where there is much loss of blood, the operator simply calls for a suitable donor and transfussion is done on the table just as quickly as one sees an intravenous solution given in most other clinics.

When transfusion has been made as easy and as practical as this, it is certainly a great aid to surgery.

My transfusions in the past have generally been made by the Kimpton-Brown method, but I intend in the future to do some citrate transfusions, as this seems the most practical and feasible method of transfusing.

The President: In discussing grouping, I think we should bear in mind that there are two methods of grouping. In my laboratory we have been using the Moss grouping. In the North it is the custom to group the hospital servants and to use them as donors, but unfortunately in the South, these are negroes, and we do not feel justified in using them as donors.

W. C. Jones, M. D., Birmingham: This is an exceedingly interesting subject. If you do not go into the laboratory work you do not understand the work done along this line.

Digitized by Google

About this Group 4: It has been shown by several investigators that if a Group 4's blood is injected into a Group 2, those cells are foreign to Group 2, and therefore the agglutinates of the recipient immediately destroy them.

The question is raised as to whether the blood of a person whose cells are agglutinated are of value. But is all of the value of the blood in the cells? Isn't some of it in the serum? These is a danger in that agglutinating. But at the same time the proposition is not so clear-cut as one might at first think. Perhaps there isn't so much danger in the donor's blood being given to the recipient in which the relation is such the recipient agglutinates the cells of the donor, because many of his cells are non-agglutinated, and the agglutinated particles are very small, and therefore not necessarily so harmful as one might think at first.

That includes the case reported in which the cells of the bloods of both donor and recipient were in 2 and 3, and conflicting, and yet there was no trouble at all. I am not advising that should be done, yet there are some redeeming features in case a person had to do a transfusion and did not have the donor whose group was known, or a method at hand for determining it.

When the recipient is enemic, it has been shown if you put the blood of a strong person into the blood of a recipient who is enemic, there is danger of agglutination as a result of the stronger blood overwhelming the weaker; so don't give too much of a strong, healthy blood.

When we have demonstrated the agglutins in the blood we have found a danger—toxic substances that are going to give trouble. We have found precipitins, another point which we know is a poison. It has been shown one animal is sometimes poisoned by the blood of another. They can remove these three things and yet inject this blood and it will kill the other animal. Perhaps that explains the case when blood is in the same group, yet the patient dies, because the agglutinates and precipitins are not all the poisons present.

The history of the development of these groups is interesting. Nearly all infants are in Group 1. By two

Digitized by Google

years they are in Groups 2 and 4, and finally they are in Group 4. So you can see the mother's blood is not usually compatible with the infant's blood.

Cabot Lull, M. D., Birmingham: There is one little practical point I would like to mention. The only experience I have had with transfusion of blood was in my service over seas. There we had to do emergency work. Our team would send one or two persons to give salt solution on the table in a case that was badly shocked, while other members of the team were preparing the blood to give immediately after the patient was taken back to the wards. Then we would get the excellent stimulating, but transitory, effect of the salt solution. Before that died out, we would be prepared to give the blood transfusion. In that way I am sure a great many lives were saved.

We grouped all of our enlisted men and were able to find a sufficient number in Group 4 to supply us with all the donors we needed. It was no uncommon thing to keep the blood for a number of hours. We would prepare several blood transfusions in advance and keep them in a cold place, carefully sterile, for use. It makes a procedure which in the hands of any clean and careful medical man, by the aid of grouping, can be readily administered.

S. W. Welch, M. D., Montgomery: For the practical demonstration of the results of transfusion, I would like to call attention to my experience some years ago. In consultation with a doctor, we transfused a patient, and the reaction was very severe. We thought she would die, but she recovered, and has never had any symptoms since.

At the same time I had a patient suffering with what was diagnosed as pernicious anemia. At the Johns Hopkins' Hospital he had seven or eight transfusions without any reaction and he had several in Birmingham without any reaction. After having postponed the transfusions for an indefinite time, he went back and had another. The reaction was violent. He was delirious and in a dying condition, but in a few days he reacted and hasn't had a symptom since.

I would like to have you discuss this phase of the question, because I do not understand it. It would appear

Digitized by Google

however, that the severity of the reaction had something to do with the permanent results obtained.

Dr. Drennen (closing): Answering Dr. Rall's questions as to giving a little blood and waiting for reaction, I think if the patient were conscious that would be advisable, and it might be advisable anyway if the patient were going to die. Then one would have to take the fighting chance.

I have known of a patient who died from transfusion, due to improper grouping. As soon as the patient began to receive the blood he began to complain of shortness of breath and pain in the chest and begged that it be stopped. When 250 cc. had been given his condition became so alarming that the transfusion was stopped. The patient died a few hours later.

In giving a transfusion to very much debilitated patients. I have made a practice of giving about 350 cc. and repeating this a few days later. The chances for causing reaction are thus very much minimized.

As to Dr. Welch's question, I am not sufficiently informed on the mysteries of physiological chemistry to answer it. The woman had been bleeding for some time. I used the Kimpton-Brown tubes on her and she had a violent chill, so that the reaction was not due in any way to citrate.

I had a Frenchman in France whom I used as a donor four different times for the same patient at intervals of a few days. The patient had no reaction the first two times, but the third time he had a violent reaction. This might have been caused by the production of anti-bodies from the first two transfusions.

Digitized by Google

CANCER OF THE CERVIX—SYMPTOMS.

M. S. Davie, M. D., Dothan.

There is nothing of recent knowledge or interest to be said about cancer of the cervix or fundus of the uterus, and it is not my purpose to present a digest of the literature on this subject. But the prophylaxis and early recognition of this malady have been grievously neglected by both the profession and the laity, and it should be profitable to determine upon some routine method of attention for these phases of the situation.

Cancer of the cervix is very treacherous, in that it does not cause definite symptoms in the early stages, and because the first symptoms, when they do occur, are not apt to arouse the suspicions of the patient nor her physician. The three cardinal symptoms are leukorrhea, bleeding and pain, mentioned in the order of their occurrence. Primarily the discharge differs in quantity rather than quality; though later it becomes watery in character, and, when local disintegration begins, it becomes foul and of a characteristic nauseating odor. A profuse watery vaginal discharge is an urgent warning and demands immediate and thorough investigation.

Bleeding is partly due to an erosion of the capillary blood-vessels by the action of the tumor cells, and partly to trauma, by which the delicate papillary outgrowth are broken off during movements of the body, cohabitation or digital examination. Thus, it will be seen that the cauliflower type of cancer growing from the vaginal portion of the cervix would bleed more readily than the infiltrating form developing from the endocervix, in which trauma would play a less important part. The cauliflower type is less treacherous than the other, as it gives earlier warning of its presence by bleeding. The ready bleeding of the cervix from coitus or digital examination

Digitized by Google

is a most important sign, and does not exist to the same degree in any other condition.

Pain, the third cardinal symptom, does not usually appear during the operable stage, and is of little value in making an early diagnosis. Because of the peculiar insensitiveness of the cervix, the patient experiences no pain while the disease is confined to this immediate area. When the regional lymph glands become involved, or the paramentrium is involved, pain begins and ultimately becomes agonizing. Unilateral pain in the lower back, near the ischiatic region, is quite characteristic, and is often seen in recurrent cases following operation before the recurrence can be discovered by objective signs.

A cancer situated on the anterior lip of the cervix tends to grow towards the vagina and to invade by extension of the bladder wall, giving symptoms of cystitis. This is not always an evidence of inoperability, but renders the prognosis much more serious. Invasion of the bladder may cause a fistulous opening. Implication of the rectum is always a terminal stage. The ureters are usually resistant to the disease, and infrequent hydronephrosis is due to invasion of the paramentrium and mechanical obstructions. General metastases are exceedingly rare, though there may be thrombosis of the pelvic veins in the final stage, and this causes great swelling of the external genitals.

The constitutional reaction to advanced cancer is persistent fever and profound cachexia. Primary temperature elevation is rare, as the fever is due to a more advanced stage.

The earliest symptom is a bloody discharge not related to catamenia or appearing after the menopause. Any change in the character of the discharge, especially if it becomes more profuse, more foul, or more irritating; or if it appears irregularly after exertion, straining at stool, the use of a douche, or after intercourse, indicates carcinoma of the cervix. The appearance of a discharge, even though not bloody in character, after a period of freedom from discharge, shows an indurated excorciation or ulceration of the cervix which may be within the os. Later

Digitized by Google

there may be deep infiltration or a cauliflower growth, with ulceration, bleeding and offensive discharge. It extends early to tissues of the broad ligaments and vaginal wall by direct extension, and to pelvic lymph nodes.

The majority of hard excrescenses of the cervix are cancerous, as well as those which are friable and bleed readily; also true ulcers of the cervix in which there is definite loss of tissue. If in any of these circumstances the practitioner is doubtful, no time should be lost before making a pathological examination of a small piece from the cervix or uterine scrapings.

ETIOLOGY.

Cancer of the cervix is distinguished among other malignant neoplasms of the body by having a very constant and definite etiologic factor in its histomenesis, in that it occurs almost exclusively in cervices that have had some inflammatory or traumatic lesion, usually the result of childbirth. From 96 to 98 per cent of women with cancer have had children, and the majority of these have been multiparous.

The idea is that the carcinomatous process is especially favored by the scar-tissue that forms in an old laceration.

Various theories are advanced in explanation of this traumatic theory of the origin of cervical cancer, but it is true that cervices which show an ectropion of the cervical mucous membrane, or an erosion on the external lips, have a special pre-disposition to cancer. The most common cause for ectropion and erosion is laceration of the cervix. The few cases which occur in nulliparous or virgin women are due to erosions.

INCIDENCE.

Cancer of the cervix appears most commonly between the ages of forty and fifty. Occasionally cases are seen later than sixty and earlier than thirty. Graves has seen a case at twenty-five, and Craigin has reported one at eighteen.

Digitized by Google

CERVIX—PATHOLOGY.

When the cervix has been lacerated the endocervix tends to evert, and appears redder and more roughened than the quamous epithelium of the vaginal portion.

As most cases of cancer of the cervix are well advanced before they come to examination, it is usually difficult to tell from the microscopic appearance where the disease started.

Cancer beginning in the epithelium of the vaginal portion grows outward in papillary excrescenses until a characteristic cauliflower mass is formed. It has little tendency to extend toward the body of the uterus, and invades the paramentrium and regional lymph glands relatively later than does cancer of the endocervix. On the other hand, it has a greater tendency to invade the vaginal wall and extend to the bladder.

Cancer of the endocervix may grow outward in a papillary form like that from the portio, especially if it originates in the everted mucous membrane of a lacerated cervix. It has, however, a special tendency to become what is called "invertent;" that is to say, it grows inward toward the cervical wall and parametrium. The process may continue for a considerable period without giving external evidence of its presence. It reaches the parametrium earlier than does cancer of the portico, and has a relatively greater tendency to metartasize to the regional lymph glands. It may also invade the vaginal wall by extension in the subepithelial connective tissue, causing a thickening and induration of the wall without disturbing the epithelial covering.

It will be seen, therefore, that this form of cervical cancer is especially treacherous, in that it may progress to an advanced stage without giving warning of its presence.

DIAGNOSIS.

The diagnosis of cancer of the cervix is easy in some cases, and difficult in others. The large cauliflower masses of cancer of the portio are unmistakable and should not be confounded with anything else. A slough-

Digitized by Google

ing myomatous or mucous polyp is pedunculated and the pedicle can be made out by palpation or inspection. In the ulcerating form there is usually a suspicious hardness and irregularity of the cervix which flag the attention. Friability of the tissues and bleeding is practically always present, and is the most important sign.

Tubercular and syphilitic ulcers may simulate cancer of the cervix, but are very rare, and the microscope readily discovers the conditions. Decubitus ulcers made by ill-fitting pessaries, or those found in procedentia may be confusing at first, but the pessary ulcer yields promptly to treatment, while the procidentia sore is flat and dry looking, does not bleed readily and has a sharply defined margin of scar tissue. Also cancer of the cervix is procidentia is extremely rare, although the microscope should be used on the least suspicion. As diagnostic, the local symptoms are the most dependable and, in order of frequency and importance, are hemorrhage, leukorrhœa, pain, bladder and rectal irritability.

Ordinary cervical erosions may be hard to differentiate from cancer. There may be a general cervicitis and bleeding is sometimes quite free after digital examination or coitus. Schroder claims the findings of Nabothian cysts entirely rules out cancer, but Graves has found this condition co-existent with cancer of the cervix, and this condition has been reported by others.

The infiltrating form of cancer starting from the endocervical portion may often be very difficult of diagnosis, especially in cervices that have undergone senile atrophy. There may be apparent enlargement of the cervix, and its outward appearance may seem normal as observed through a speculum. A watery discharge or bleeding are the warning signals. The condition usually confounded with this type of cancer is senile vaginitis, senile cervicitis or pyometra. In the latter class of cases there may be bleeding from eroded areas of the vaginal wall, and the the discharge, especially if partially obstructed by plastic adhesions of the cervix or vagina, may become excessively foul and have an odor very like that of cancer, though the discharge is usually thick and creamy, as it contains quantities of desquamated epithelium. Whereas the dis-

Digitized by Google

charge from cancer is thin and watery. If blood is present a careful examination must be made in the Sims position, to determine whether it comes from the uterus or from a superficial erosion of the vagina. If the blood is from the uterus, the probabilities are very much in favor of cancer and an immediate intra-uterine examination should be made, since no report of a cancer is complete or authentic without a pathologist's report. Every case of suspected or obvious cervical cancer should have a section removed and checked up.

The microscope is the supreme diagnostic appeal. The technical difficulty of removing a diagnostic specimen is small to the surgeon, and if the general practician, who usually sees these cases first, does not care to undertake it he can send his patient to a more experienced operator. Only a small bit of tissue is necessary, which should be put immediately into a 5% formalin solution. For the infiltrating form of cancer of the cervix a specimen can best be removed by a small curette. No anesthesia of any kind is necessary.

PROGNOSIS.

The duration of the disease, while much influenced by individual care, is usually from one to three years from the time of the first appearance of symptoms. Proper palliative measures may greatly prolong life and keep the patient in comparative comfort. Distant metastases and intercurrent diseases are infrequent under careful treatment, and death is usually due to wasting and exhaustion.

While cancer of the cervix is terrifically malignant, the surgical outlook is good in early diagnosis, because of the slight tendency to metastasis.

The infrequency of early diagnosis of cancer of the cervix is due to the treacherousness of the disease, the indifference of patients to warning symptoms, but particularly to the negligence of physicians in making thorough routine examinations.

OPERABILITY.

The operability of a cancer of the cervix cannot always be determined without an exploratory incision. It de-

Digitized by Google

pends, of course, upon the parametrial invasion of the malignancy. It is presumably determined by the mobility of the uterus, but this is deceptive sometimes. A large cauliflower mass, extending from the portio into the vagina, may cause the impression of general immobility, whereas, after cutting the mass away, the uterus may be found to be comparatively free and movable, with extension of the disease into the parametrium. Or the parametrial infiltration may be entirely inflammatory. So it is that some cases are operable, which at first seemed hopeless. There should not be any hesitancy in doing an exploratory laporatomy in selected cases to clear up the operability of cervical cancer.

The infection of the regional lymph glands is thought to contraindicate operation by some, because of the likelihood of recurrence. While this makes the outlook much more serious, yet a considerable percentage of these glands have been found entirely inflammatory in character, and a careful extirpation of malignant regional lymph glands has been followed by complete recovery.

The question of operability is largely dependent upon the method employed, and the development of the extended abdominal operation has greatly increased the operability percentage. The present total operability of cases seen in this country is probably around fifty per cent, though Wertheim claims sixty-one per cent and Bunni's figure is ninety per cent.

OPERATIVE TREATMENT.

The two principal methods of operation for cervical cancer are total extirpation of the uterus either by the vaginal or abdominal route. Schautu is the leading exponent of the former, while Wertheim is the leading advocate of the latter method.

There should be no question of the advantages of the abdominal route, securing, as it does, the opportunity for wider dissection of the parametrial tissue, and also making it possible to operate on cases which would not be considered by the vaginal route. The mortality percentage is somewhat lower by the vaginal route, but when

Digitized by Google

the figures are analyzed this is found attributable to a smaller number of operations and more carefully selected cases. If given the same number and character of cases by the vaginal route, the abdominal route will be found less fatal.

Graves has given the following figures as being representative in this country: Operability: 50% of all cases that present themselves for treatment. Primary mortality: 11% to 15%, the most common causes of death being peritonitis and shock from hemorrhage. Cures: 30% after the end of five years.

Schmitz, of Chicago, takes the definitive position that cancer is either operable or inoperable. When operable it is exclusively surgical. When inoperable the Roentgen rays or the gamma rays of radium are indicated. Many cases of inoperable uterine cancer become operable under radium, when the patient should have immediate surgery.

RADIATION.

The use of radium in the treatment of cervical cancer has not been standardized. This is very special work, and its technique is still in the hands of a few men who are working it out. The Roentgen rays have the same biologic effect on the tissues as radium and mesothorium, but their penetrability is much less. The dose of radium should be exactly right, as an underdose activates the malignant process, and an overdose causes an excessive destruction and absorption of the tissues. If the case is manifestly operable the use of radium should be excluded at once. The use of radium in these cases will usually cause the cancerous growth to disappear as if by magic, but there is at present no conclusive evidence that cervical cancer may be cured by radium, whereas, operation cures many cases, with small primary mortality. The preoperative use of radium makes the radical extirpation of the uterus much more difficult, because of the peculiar effect which radium produces in the parametrium.

Yet there are inoperable cases which may be rendered operable by the preliminary use of radium, and radium is the most valuable palliative measure in hopelessly ad-

Digitized by Google

vanced cases. This is true in post-operative recurrences, and as a prophylactic against recurrences.

HEAT TREATMENT.

J. F. Percy revived the heat treatment used by Byrne a good many years ago, and this method has accomplished brilliant results in well selected cases of cervical cancer. The fundamental idea is that cancer cells cannot be transmitted after ten minutes exposures to 45 degrees C. Whereas normal tissue cells can stand a temperature of from 55 to 60 degrees C. without being devitalized. The Percy technique consists essentially in applying electrically heated irons wrapped in cotton to the cancerous field, introduced through a specially devised water-cooled vaginal speculum. This heating device has a rhœstat, but an assistant grasps the malignant mass through an abdominal opening and announces when the heat is approaching a danger point. Disastrous complications are possible with this method, among them being ulcerations of the intestinal tract, fistulæ formation, secondary hemorrhage, and septic intoxication from sloughing tissue. In contrast to fistulæ produced by radium, these fistulæ usually heal spontaneously. Secondary hemorrhage occurs in 40% of the cases, but this may be avoided by ligating the internal iliac and ovarian vessels at the time of the operation.

Smith reports one hundred cases treated by this method at the Mayo clinic. Of this number it was possible later to do a radical hysterectomy in twenty-six cases. The time of operation averaging four weeks from the heat treatment.

Graves says Smith's results compare favorably with, if they do not surpass, the best reports from the use of radium in the same class of cases.

Other methods of palliative treatment are detailed in all the standard texts and will not be mentioned here.

CANCER OF THE BODY OF THE UTERUS.

Cancer of the body of the uterus is quite distinct in clinical aspects and pathological processes from that of

Digitized by Google

the cervix. Its type of onset is invariably that of adenocarcinoma, is very rare under forty, usually occurs between fifty and sixty, is only about one-eighth as frequent as cervical cancer and nulliparous women seem to have a special predisposition to it. Cancer of the body is quite often in association with uterine fibroids, whereas the combination of fibroids with cancer of the cervix is comparatively rare.

Cancer of the body is of slow growth, usually gives early warning, and is especially favorable from a surgical standpoint. Its earliest symptoms are increased secretions followed by bleeding, as the disease usually comes on after menopause. This bleeding excites the comment of the patient and generally carries her to her physician. Cancer of the body occurring before menopause is more difficult to diagnose and is apt to be attributed by patient and physician to change of life. Persistent bleeding usually clears up the diagnosis in time for successful operation. When malignancy of the body is associated with fibroid the bleeding cannot be differentiated from ordinary submucous myoma.

If the non-operative treatment of uterine hemorrhage associated with fibroid is decided upon, the uterine cavity should be explored and scrapings checked up, particularly if X-ray or radium is to be used, as in these cases the rays stimulate the malignant process.

The diagnosis of cancer of the body of the uterus should always be made by the microscopic examination of curettings. When the diagnosis is established the treatment is immediate radical operation. Though the dissection should not be so extensive and thorough, and there is seldom need for removing the upper part of the vagina. The prognosis is good, and the permanent cures should average around eighty per cent.

Graves sums up his conclusions as follows:

1. Cancer of the body of the uterus may be classified as a borderline condition because of the frequency with which it is treated by the general practitioner.

2. The slightest show of blood after the menopause should demand an immediate curettement of the uterus

Digitized by Google

for microscopic examination of the endometrium even though bimanual examination reveals nothing abnormal.

3. Cancer of the uterus, both of the fundus and the cervix, often causes a watery discharge which simulates urine. Such a discharge from the vagina is therefore a signal of danger.

4. Cancer of the body of the uterus is operable long after its initial symptoms.

It is the most favorable of all the deep cancers because of its slow growth, late metastasis, and long confinement to a group of organs that can be removed easily.

5. Cancer of the uterine body may occur in the menopause decade and resemble in its symptoms uterine insufficiency.

6. The menopause is characterized normally by a lessened flow of blood, and an increase of blood at that time is an important danger signal.

7. An increase in the flow of blood near menopause should always be investigated by microscopic examination of the curetted endometrium even if digital examination reveals no anatomical abnormality.

8. Radium is almost specific for controlling hemorrhages of uterine insufficiency.

PROPHYLAXIS.

How may cancer mortality be reduced? By education. Careful, thorough, persistent education. Education by all means at our disposal. Newspapers, lectures, conversations, lantern slides, etc. Put the idea across. See that the laity gets informed of the conditions which predispose to cancer of the uterus, its earliest manifestation, the imperativeness of constant examination, and always driving home the fact that incipient cancer of the uterus is always local and always curable in its incipiency. What knowledge has done for tuberculosis, knowledge will do for cancer. Then the laity will be on the lookout for danger signals and will call for investigation in time.

All unhealed cervical lacerations or erosions should be kept under careful supervision and treated until the condition is relieved. An increased flow at or about the

Digitized by Google

time of the menopause calls for instant alertness and thorough investigation. Likewise, a change in the character of the discharge, particularly if it is of a thin watery nature, slightly stained with blood and associated with bladder or rectal irritability. These are among the earliest and most important diagnositic symptoms.

Have your pathologist to check up cervical sections and intra-uterine scrapings, but when this report is negative and the clinical signs are strongly positive, do not hesitate to do a radical operation. A pathological report in some of these cases is only conclusive when it is positive.

There should be a routine examination of women for cervical lacerations three months after labor, and all women who have borne children, as they approach the menopause, should have a vaginal examination and an inspection of the cervix at reasonable intervals until the menopause is well established, and the normal atrophic changes have taken place. Deep lacerations should be repaired, and superficial lesions, if resistant to local treatment, are sufficient indication for amputation of the cervix. The hyperplastic endometritis which accompanies fibromyoma of the uterus is also believed to be one of the most important predisposing causes of cancer of the fundus.

BIBLIOGRAPHY.

Graves' Gynecology, Second Edition.

A. M. A. Journal, Vol. 73, No. 19, page 1462.

Schmitz, A. M. A. Journal, Vol. 67, No. 17, page 1219.

Spear, The Journal Maine Medical Association, Vol. 10, No. 1, page 7.

Handbook, by A. M. A. & American Society for the Control of Cancer.

Aza, Surgery, Gynecology and Obstetrics, Vol. 2, page 297.

Graves, Medical Clinics of North America, 1919, Vol. 2, page 1289.

Bland, American Journal Obstetrics, N. Y., 1918, Vol. 78, page 554.

Howard A. Kelly, personal letter, February 10, 1920.

Joseph C. Bloodgood, personal letter, February 20, 1920.

Digitized by Google

DISCUSSION.

W. C. Jones, M. D., Birmingham: There are two points to which I would like to call attention. There are more women susceptible to diseases today who are multiparous than those who have not borne children. So we can only compare the percentage of recurrences occurring in multiparous women, and those who have never borne children.

Then again, in sending in a tissue of carcinoma, sometimes only a very small piece has been taken out from the edge of the lesion, in which it was doubtful as to whether there was malignancy present, and sometimes it would be entirely benign. The surgeon finds a malignant condition and blames the pathologist. If you are not careful to go to the heart of the lesion, don't blame the pathologist if you find his report has been too mild. I do not want the surgeon to rely too much upon my report. I may think there is less trouble than there really is.

E. G. Jones, M. D., Atlanta, Ga.: All of which leads us to inquire respecting our responsibility to the lay population. We come to a meeting and discuss questions as to the operability and etiology of cancer, etc. Yet I question whether we are sufficiently impressed with our responsibility as teachers of the community in which we live. What avails it if we discuss subjects of a technical nature of this sort, if the patient does not know to consult a doctor before the cancer is already too far gone to be relieved?

The Medical Association of Georgia set as its task the improvement of education throughout the State with reference to this particular subject. We are differently organized in that State than you are. Every congressional district has a meeting of its own. We set as our task in these various district meetings the education of the public so that if possible we might bring within the purview of the doctor these lesions early enough to do the patient some good.

The public believes cancer is painful, and a disease which undermines the general health until too late. If

Digitized by Google

we do not get this information before the people in time—before this woman with a painless lump in her breast, for instance—we have waited too long to do the individual any good; and our task with reference to amelioration resolves itself into a task of getting this matter before the public.

You have some county meetings which are large meetings. If you would consider the feasibility of having an hour or two of such meeting at least once or twice a year devoted to consideration of subjects of this sort, you will find people will seize with avidity upon the opportunity to attend the meeting. You do not have to go outside the State of Alabama, or many smaller places than this, to find men who can present with intelligence and lucidity simple facts such as I refer to in connection with a big subject of this sort. And I commend it for your consideration as our only way of lessening the mortality from cancer.

B. L. Wyman, M. D., Birmingham: I was glad to hear Dr. Jones discuss the question of cancer control. I used to be a general practitioner and had a good deal to do with the treatment of uterine troubles, and have had occasion to find great difficulty in the early diagnosis of cervical cancer. I recall one patient. One doctor had made the diagnosis of cancer. She was a patient eighty years old. I was in doubt as to the correctness of this diagnosis so I took her to New York. There I consulted Dr. Wylie. He, of course, made the usual section and sent it to the pathologist, and in a short time I received a report from the New York man. He said it was reported benign, but he added, "I am not satisfied. I am going to send it to Dr. Welsh, of Johns Hopkins."

I said, "That suits me better." Dr. Welsh reported it benign. The patient lived a number of years, and the first diagnosis was incorrect. Dr. Wylie made a deeper section for Dr. Welch. If you make a superficial section you may not find it.

I want to tell Dr. Jones that Alabama did some work in reference to cancer control. We had a public meeting. I knew very little about cancer, but was in communica-

Digitized by Google

tion with the American Society for the Control of Cancer. I was gratified at the work being done in other states. I promised to introduce a resolution asking the State Medical Association to take up this work. I propose to do that on this occasion. We have not gone into the county societies as we should have done. This subject has been greatly neglected. We proposed to take it up at an early day.

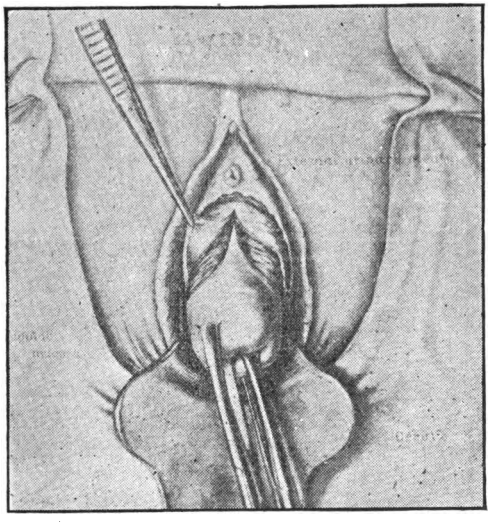
D. F. Talley, M. D., Birmingham: Just a few remarks on the management of most cases of cervical cancer. I have seen only one case in my practice in which I thought an operation would cure the patient. I expressed the opinion it was cancer, but was not positive enough about it to frighten the woman into having a hyterectomy done. Fifteen months after she came back with the cervix a cauliflower mass of cancer. These cases are inoperable when they reach this stage. You want to do something to prevent hemorrhage and the foul discharge. Dr. Charles Mayo says cancer can be cured by heat if you can apply it properly. Dr. Percy has gotten up a cautery which he has used and claims he cures cases of cancer of the cervix even where there has been an extension into the pelvic lymphatics. You can cure cancer of the cervix. You can get rid of this bleeding, discharging cervix with heat. I have had cases in which I cured up the cervix entirely, and the patients died of cancer of the lymphatics of the pelvis. They are relieved of the discomfort of hemorrhage and foul discharge for all time. I think any form of cautery you choose to use may be serviceable in getting rid of the hemorrhage and foul discharge.

Digitized by Google

VAGINAL HYSTERECTOMY, ITS LIMITATIONS AND INDICATIONS.

JAMES M. MASON, M. D., F. A. C. S., Birmingham.

The history of the development of this operation, a good account of what is found in Kelly and Noble's Gynecology and Abdominal Surgery is most interesting, and dates back to 1507 when Berengarius, of Balogna, is reported to have done a partial vaginal hysterectomy.



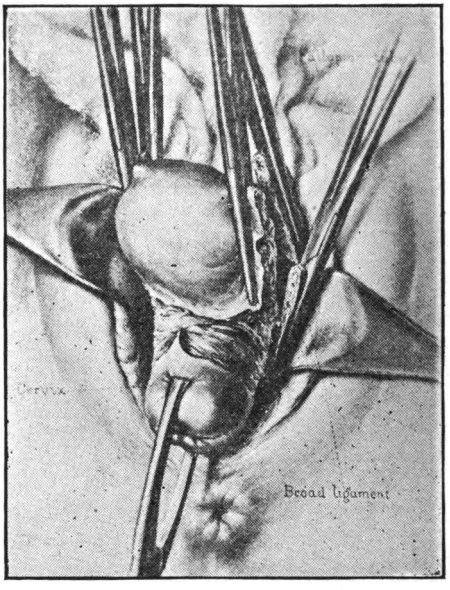
Down through the seventeenth and eighteenth centuries surgeons occasionally operated by this route in cases of carcinoma, prolapse or inversion.

In the middle of the nineteenth century European surgeons began to perform definitely and carefully planned vaginal hysterectomies, and in 1878 Czerny, of Hidelberg, took up the operation. He was quickly followed by Schroeder, Olshausen, Martin and Billroth, the greatest surgeons of their generation, and the operation was given

Digitized by Google

a definite place in modern surgery and was taken up by surgeons all over the world.

While this European work was in progress, America was not idle. Warren, of Boston, removed the uterus per vaginam for cancer in 1829, and John C. Esselman, of Nashville, Tennnessee, successfully removed the inverted uterus in 1834 and again in 1843; and Paul F. Eve also



of Nashville, successfully removed a carcinomatous uterus in 1850.

Between 1883 and 1890 the scope of the operation was greatly extended when Pean and other French surgeons perfected the technic of "morcellement."

The limitations were still further removed when Doyen in 1897 introduced hemisection of the uterus in the treatment of pelvic inflammatory disease.

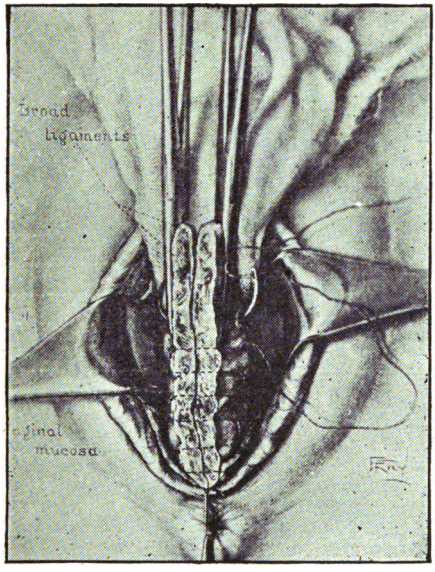
The para-vaginal incision of Schuchardt introduced in 1893 seems not to have been generally adopted, though it gave much freer access to the parametrium than was otherwise obtainable.

Digitized by Google

It was extensively employed by him and by Schauta in radical vaginal removal of the carcinomatous uterus.

The ligature operation which had been made use of by Czerny and others, was abandoned by Pean, who in 1885 published his method of hemostasis by the clamp method, doing away entirely with ligatures. Landau, however, claims priority for Freund in the use of clamps.

For a number of years the clamp operation was in vogue throughout the world. It made operations more rapid; allowed for hemostasis when ligatures could not



be used, and provided for drainage. As a slough always follows the use of clamps drainage was of necessity employed where often it would not have been at all needed.

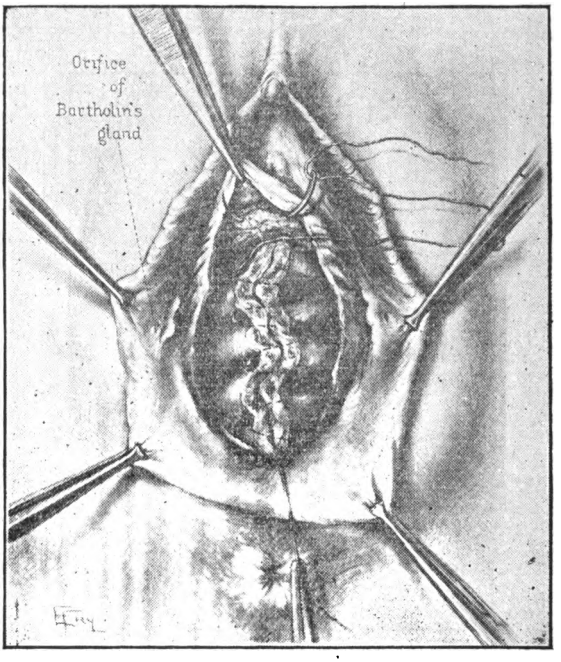
Pryor, of New York was one of its most brilliant advocates and made valuable improvements in the operation.

While originally employed for prolapse, inversion and cancer and limited to cases where the uterus was small and prolapsible, and where the vagina was roomy, the introduction of clamps, the development of "Morcellement" and the practice of hemisection of the uterus ex-

Digitized by Google

tended its employment to extensive inflammatory diseases and to the removal of large myomatoves growths.

The danger of abdominal operations were still so great, and the shock and comparative discomfort of the vaginal operation were so slight, that surgeons became most skillful in the vaginal operation and extended its use in every possible indication.



Henrotin, of Chicago, first operated in this country for bilateral pelvic disease in May, 1891, and his patient recovered in nine days.

Boldt, of New York, reported fourteen such cases in 1894, one of which was for puerperal sepsis, the first reported in this country.

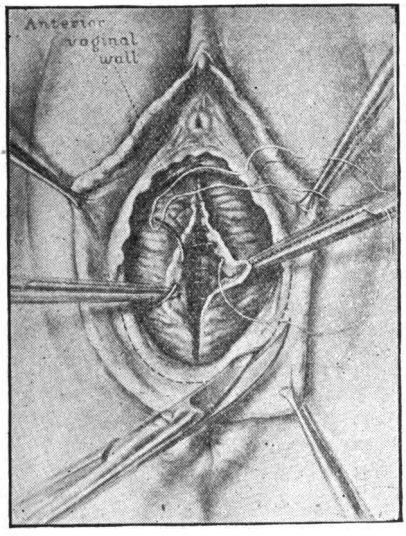
In 1900 Leopard and Theodore Landau, of Berlin, published their monograph on the Vaginal Radical Operation and record their experience in five hundred cases.

Digitized by Google

In spite of all its former popularity, the improvement in the technic of abdominal hysterectomy, its lessened mortality, its wider range of application with practically no limitations, has almost driven hysterectomy from the field.

To call attention to some of its advantages and special indications is the object of this paper.

The vaginal operation has properly been abandoned in the treatment of all but small uterine growth and one now never sees attempts at morcellement, or bringing away the uterus and tumor by piecemeal.



Likewise since the comparative innocuousness of pelvic pus has been established, no one goes in for the radical vaginal operation for pelvic inflammatory disease. Neither is the vaginal operation for carminoma holding its own with radical abdominal operation.

This much has always been claimed for vaginal as compared with a abdominal operation: the former is almost free from shock, post-operative discomfort is very much lessened, convalescence is exceedingly rapid, and if drainage is employed it is placed at the most dependent part of the pelvis. Furthermore, the patient is left with an

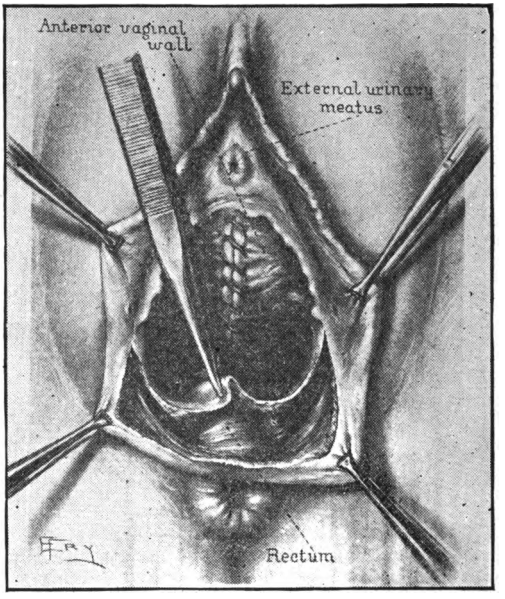
Digitized by Google

patient has no more discomfort than follows a perineor-
patient has no more discomfort than follows a repineor-
rhaphy.

Obviously an operation which possesses these valuable features is of a particular advantage in the aged and debilitated as well as in very fat patients.

INDICATIONS.

Prerequisites to a successful operation are: First, a roomy vagina; second, a uterus morable and not greatly



enlarged; third, a patient in whom there is no evidence of abdominal disease above the pelvis.

Class of cases amenable to this operation: First, small fibroids causing symptoms in women at or near the menapause; second, recurrent hemorrhages which have resisted all simple forms of treatment; third, a few cases of carcinoma of cervix or uterine body where operations may be supplemented by Coolidge tube and radium; fourth, inversion of the uterus which cannot be reinverted by

Digitized by Google

splitting the cervix; fifth, most particularly, prolapse of the uterus in patients near or beyond the menopause in whom we have cystocele and rectocele to combat along with descensus of the uterus.

TECHNIC.

Laying aside all consideration of clamp methods which have been superceded, I will present to you some illustrations from Charles H. Mayo's paper on prolapse of the uterus (Southern Surgical Association Transactions, 1914). They explain each step of the operation as applied to the correction of prolapse and the slight modifications necessary to meet other conditions can be easily understood.

In every vaginal hysterectomy two danger points require special attention, injury to the bladder, and the ureters.

A thorough knowledge of the relations of the bladder to the cervix uteri and of the ureters to the uterine artery; and careful and complete separation of the uterus from these structures before division of the broad ligaments will keep the operator out of trouble from these sources.

Digitized by Google

PRIMARY CARCINOMA OF THE VULVA.

LEWIS C. MORRIS, M. D., Birmingham.

Primary carcinoma of the vulva occurs comparatively rarely. It is said to occur once in about twenty cases of cancer of the cervix. In a review of one hundred and thirty-five cases the oldest patient was ninety-nine years of age and the youngest twenty years. The average age at which the condition developed was seventy years. It is exceedingly rare under forty-five years of age.

The condition develops most frequently on the inner surface of the labia majora, the clitoris and the other parts of the vulva are less frequently involved.

Carcinoma of the vulva usually does not cause any serious disturbance until the growth has ruptured through the skin, consequently these patients do not usually seek advice until after ulceration has occurred. The usual symptom which leads to the consultation of a physician is local soreness and a burning sensation upon urination. There is the usual history of painless nodule which has gradually increased in size and finally ulcerated. After ulceration has occurred hemorrhages of varying degree and more or less fetid discharge are usually present.

The diagnosis of cancer of the vulva is comparatively easy. It has to be differentiated from syphilis and tuberculosis. The induration which usually extends deeply into the connected tissue, the cauliflower-like glazed surface and the crater-like, eroded margins are quite characteristic of the condition.

The mortality of carcinoma of the vulva is probably higher than in any other location of the body on account of the fact that the victims do not come for examination until after secondary glandular involvements and quite frequently metastases have occurred. So few of these cases have remained cured after five years that no definite statement of percentages can be made.

Digitized by Google

Cancer of the vulva has proven most refractory both to X-ray and radium. Mesothorium is reported to have given better results. As a palliative measure the Percy cautery has been helpful. None of these measures, however, are to be considered when a radical operation is possible, except radiotherapy as a post-operative measure. The radical operation consists in the removal of the structures involved going well wide of the area of infiltration and the complete removal in mass of the inguinal gland on both sides.

In my experience of twenty-five years in surgery, I have encountered three cases of primary carcinoma of the vulva, two of these cases were seen more than twelve years ago. One case, a woman fifty-six years old, had been operated by one of my colleagues three times before I saw her and had recurred with extensive involvements of the soft tissues, of the adjacent pubic bone and of the inguinal glands. The second case was so far advanced when first seen as to preclude any benefits from surgery. Both women had X-ray treatment and both died cancer deaths.

My third case was seen September 15th, 1919. This lady was a spinster sixty-seven years old, who had noticed a hard ulcerated area on the right labia minor just below the clitoris three or four months previously. I was called because it had become quite painful on walking and when the urine came in contact with it during the act of misturition. She had lost ten pounds in weight during the previous two months. On examination there was a hard mass extending from the lower part of the right labium minor up to the mons veneris involving the clitoris. The infiltration included the labia majora externally and extended to the meatus urinaris in the mid line. There were palpable glands in the right inguinal region. The whole mass was movable and not stuck to the pubes or symhysis. The area of ulceration was slightly larger than a half dollar, and the area of infiltration was three or four times this size. Under a local anesthetic sections were gotten from the growth and submitted to Dr. Bullard, of Johns Hopkins, and Dr. Walter C. Jones, of

Digitized by Google

Birmingham. Both pathologists reported carcinoma. A Wasserman was negative.

Under a gas-oxygen the patient was operated September 26. The mass was excised, going wide of the infiltration and included extensive removal of the tissues composing the mons veneris, the complete removal of the clitoris, including its crural attachments and the ischiopubic-rami, the separation from and removal of tissues around the distal urethra for at least three quarters of an inch, and the complete removal of the labia majora and minora on the right side. The dissection included all of the soft tissues down to the symphysis pubes and ischiopubic ramus. The loss of skin was so great that the necessity of a skin graft or transplant had been thought likely. However, no serious difficulty was experienced in covering over the raw surface, the chief trouble being around the meatus urinaris. Following this procedure a mass dissection of both inguinal regions was made, which included all structures down to and around the vessels and nerves. The tissues from both sides carried numerous carcinoma glands, some of them having obtained considerable size. The relief from pain which had been quite severe, was immediate and post-operative course uneventful, the patient leaving the hospital in about three weeks. X-ray exposure with the Colledge tube was begun before the patient left the hospital and continued until December 1st, when a small nodual in the skin as large as a pea opposite the original site of the cancer developed. She was sent back to the hospital and another wide dissection made. I sent her early in January to Dr. Curtis F. Burnham, of Baltimore, for radium treatment. Dr. Burnham reported that he could see absolutely no evidence of recurrence, but thought best that inasmuch as the patient was in Baltimore to radiate the parts. This patient has been examined by me within the week and so far as I can tell there is no evidence of recurrence. She had gained fifteen pounds in weight and feels perfectly well.

Digitized by Google

THE ROLE OF OBSTRUCTIVE LESIONS OF THE URETER IN THE PRODUCTION OF RECURRENT OR PERSISTENT PYELITIS.

J. N. Baker, B. A., M. D., F. A. C. S., Montgomery.

From infancy to old age, pyelitis is one of the most frequent and, at the same time, one of the most often unrecognized, maladies. Pediatrist, physician and surgeon alike concede this fact.

Recent studies bearing on the etiologic side of pyelitis point strongly to the fact that in the majority of cases these infections are hematogenous in origin and that very often remote foci—to outward appearance silent and harmless—are constant contributing factors. The most frequent offenders in this regard are the tonsils in childhood and the teeth, gall bladder and appendix in the adult.

The average case of uncomplicated pyelitis will run a fairly definite course, clean up, and, provided the focus from which it sprang is eliminated, remain so. And yet, many times do we see pyelitis persisting or recurring at varying intervals, much alike, in behavior, to the crippled appendix, the diseased gall bladder, the stenosed lachrymal duct, or to the peptic ulcer.

The pelves of the kidney, together with their calices, are but the first receptacles or collecting units of the urinary system, and as such are to be viewed as the primary reservoirs. The secondary reservoir—the bladder—is remotely situated and is connected to the two primary reservoirs by a lengthy system of narrow tubing, the ureters. This second reservoir discharges its contents to the outside world by means of a single tube—the urethra.

What is the universal law regarding interference with the free drainage of any reservoir within the human body?

Impairment of function, infection, chronicity, and finally destruction.

Digitized by Google

This is what happens in unrelieved obstructive conditions of the gall bladder, of the urinary bladder, of the stomach and appendix.

By the same token, and with even greater force, because of more intricate complexity, the same mechanics and logic apply to the renal pelvis.

Within the compass of the subject now under discussion—namely, persistent and recurrent pyelitis—no cognizance will be taken of either renal tuberculosis or of renal stone. That these last mentioned factors are frequent offenders in the production of pus in the urine, no one will deny; but the presense of the one or the other as causative agents can usually be positively determined by the proper application of laboratory and X-ray studies; and further, the damage done the urinary tract is seldom limited to the pelvis of the kidney, so that for such cases, the term pyelitis is neither correct nor definitive.

Despite the statement of some authorities that a pyelitis cannot exist without a concomitant nephritis, the clinical evidence of those workers directing their energies toward stamping out the infection within the kidney pelvis, coupled with the establishment of unhampered drainage below and the removal of contributing remote foci of infection, would seem to refute this view, in so far, at least, as pertains to the more chronic forms. The acute exacerbation presents, of course, the typical picture of both; the renal congestion, attendant upon the acute infection, determines the degree and amount of nephritis. Once the acute condition has cooled and drainage established, the nephritis picture vanishes, as a rule, and the dominant one is now that of a chronically infected reservoir.

Therefore, in any consideration of recurrent or persistent pyelitis, in order to make the treatment enduring and curative one should attack the problem from three angles:

First: Contributing foci of infection, however remote or silent, must be diligently sought out and removed. While one may deplore the modern tendency—one might almost say fad—to immolate every tooth and tonsil upon the sacrificial altar, yet the accumulated mass of evidence

Digitized by Google

is overwhelming that these organs must be seriously considered whenever dealing with chronic infection. In this connection, the ingrown toe-nail as a possible source of pus absorption, must not be lost sight of. The writer has recently had occasion to observe two cases of arthritis and one of pyelitis, which failed to completely clear up until infected ingrown nails had received proper surgical attention.

Second: The application, by means of pelvic lavage, of such agents as will aid in stamping out the infection within the pelvis of the kidney. Many agents have been recommended for this purpose, but in the sub-acute or chronic case, none has stood the test so well as the solutions of silver nitrate, varying in strength from 1-1000 to even 5 per cent, as recommended by Gerahty, of Baltimore. In the majority of cases of persistent pyelitis, regardless of what the primary invading organism may have been, the colon bacillus usually dominates the picture and clinical experience has proven that as yet, we have no agent superior to this in combatting colon infections of the urinary tract.

Recently, since the introduction of mercuro-chrome-220, by Young, this agent has also been employed and with very satisfactory results. It is questionable, however, whether this drug possesses merit superior to that of silver nitrate solutions.

Third, and probably the most important, is the establishment of free drainage for the primary reservoirs above—the kidney pelves.

The urinary bladder in the male, obstructed either by prostatic enlargement or from urethral stricture, furnishes the purest example of the baneful disasters accompanying impeded drainage. Stones firmly impacted in any portion of the ureter, from the pelvis to bladder, have long been recognized as frequent and ample causes for persistent pyuria of pyelitis. That the ureter, the longest drainage tube in the body and clothed in the same raiment of mucosa, sub-mucosa and musculosa as are other ducts, should likewise be subject to the same vicissitudes of infection and scar tissue formation, would seem but natural.

Digitized by Google

As evidence supporting the view that obstructive lesions of the ureter are frequent factors in the persistence or recurrence of pyelitis, the following case reports and clinical findings are submitted:

Case I.—Miss P., aged 20.

Teeth good; history of several attacks of acute tonsillitis. At the end of a menstrual period, awakened at 5 A. M., with rather hard pain in right side; some nausea and temperature of 101.5 at noon of same day when she was first seen. This was the fourth attack extending over a period of one and a half years, the last being some six months previous; each attack being of a similar nature, and appearing at the end of the menstrurial period. A diagnosis of appendicitis had been made in the previous attacks by the attending physician and operation advised, but refused. Physical examination showed marked tenderness in the region of appendix and cecum, but with little or no rigidity of overlying muscles. The urine was negative and the white blood count 19,000, with 90% polynuclears.

In the face of these findings, the diagnosis of acute appendicitis as previously made, was confirmed and immediately operation performed.

The appendix was found to be practically normal, as was the rest of the abdominal cavity.

The following day, a catheterized specimen of urine showed considerable pus.

Immediately upon operative recovery, this patient was cystoscoped, revealing a definite obstruction in the ureter, 3 c.m. from bladder; the urine showed many pus cells, but no growth, and no dilatation of renal pelvis. Considerable reaction and pain followed upon the first instrumentation, as is frequently the case, more especially if there be much infection within the pelvis. The patient received six treatments, consisting of pelvic lavage with silver nitrate and stretching of the stricture to 4 m.m. when the urine became negative both pus and culture.

This case nicely illustrates the confusion so often encountered in differentiating between lesions of the right kidney and ureter and the appendix—a trap into which

Digitized by Google

the most astute is likely to fall; unless the striking similarity of symptoms be constantly borne in mind and unless the exigencies of the case will permit of a cystoscopic study.

That such a mistake occurs frequently is revealed by the fact that in a study of more than forty cases of pyelitis and ureteral stricture, considerably more than one-half have been operated for appendicitis.

Points of importance, when the kidney is the offender, are these:

1. Absence of marked rigidity, even though the pain is considerable, and the elevation of temperature pronounced.
2. The kidney itself, if carefully palpated bimanually, practically always reveals tenderness.
3. Pain-radiation, if present, will be along the course of the ureter, and not upward and inward, toward the solar-plexus, as is so often manifested by the appendix.
4. Hyper-pyrexis points to the urinary tract—seldom to the appendix.

Case II.—Mrs. E., aged 26; one child, 1½ years of age.

For the past ten years has suffered almost constantly with pain in right loin, side and hip, aggravated at the menstrual period and by unusual physical fatigue. Four years ago, was operated for chronic appendicitis without relief. Two years ago, in the sixth month of her pregnancy, developed a severe pyelitis lasting for several weeks. Since this time, backache, loin pains, and vesical irritability have been her constant companions, and she had had three marked attacks of pyelitis.

The probable focus of infection in this case is uncertain as both teeth and tonsils appear innocent; the appendix removed and the history does not point to gall-bladder infection.

Cystoscopic findings: The entire base and trigone are deeply congested and give marked evidence of a long-standing cystitis. No ulcers or punched out areas suggestive of tuberculosis. Both ureteral orifices are swollen, pouting and red. The right side presents a definite

Digitized by Google

stricture of the ureter 3 c.m. from the bladder, though not so dense as the obstruction found on left side, on which, upon the first exploration, would not permit the passage of a No. 7 catheter.

The urine from each kidney shows much pus and the culture from each gives a pure colon bacillus growth—the pelvis of right kidney has a capacity of 12 c.c.; that of left 11 c.c. This patient received seven treatments on each side, at the end of which time the urine from both kidneys was negative for both pus and culture.

Case III.—Mrs. A., aged 33; mother of three children.

Seven years ago, during a pregnancy, commenced to have trouble with right side, loin and hip, with an attack of chills and fever, in the fourth month of her pregnancy.

Four years ago was operated on for appendicitis without relief to side. Six weeks after operation had hard attack of right-sided pain, fever and chills. These attacks repeated themselves, at irregular intervals over a period of one and a half years, the pain frequently requiring morphine. For the past two years or more has had no hard attacks, but the pain in the right loin and side have been almost constant, together with much vesical irritability at times.

The X-ray examination is negative for stone; the pelvic examination is negative for tubal or ovarian disease. The right kidney is palpable and tender, though but slightly movable. Marked tenderness over the ureter at pelvic brim.

Cystoscopic—Whole trigone much reddened; left ureteral orifice appears normal; right slightly swollen and pouting. No. 8 cathereter with 4 m.m. bulb gives definite band at 6 c.m. from bladder. There is a reproduction of the pain from which she suffers on passage and pelvis holds 10 c.c. Urine from right kidney shows many pus cells but gives no growth.

The urine was pus free after the third treatment. This patient experienced marked relief after the first treatment; she was given six treatments at ten-day intervals, consisting of ureteral dilatation with the wax bulb and pelvic lavage; the side and loin pain have entirely disappeared.

Digitized by Google

Case IV.—Mrs. M., aged 44; mother of four children.

For many years has had attacks of gall stones, and also tonsillitis. During her last pregnancy, 7 years ago, had trouble with right side throughout entire gestation, and at four months, had fevers, rigors and sweats. Since this pregnancy she had almost constantly right-sided backache, extended into hip and groin. One and one-half years ago had attack of severe pain in right side, fever and chills and was operated on for acute appendicitis. Since this time has had two attacks similar in nature to those described above. Much vesical irritability throughout entire period, greatly augmented during acute attacks.

Cystoscopic findings: Whole trigone and base of bladder present marked congestion; left ureteral orifice fairly normal; right is swollen, pouting and inflamed; No. 7 catheter with 2 2/3 m.m. bulb obstructs 3 c.m. from bladder and fails to pass further. Pelvis dilated to 15 c.c.; no scratch marks of stone. Urine from right kidney shows many pus cells and pure culture of colon bacillus. A sharp reaction followed the first instrumentation, as is frequently the case, with a dense stricture complicated by active infection over head-period. At the next treatment, three weeks later, a smaller bulb 2½ m.m. was gotten through the obstruction with considerable difficulty. No reaction followed and patient was able to receive regular treatment at intervals of from eight to ten days, requiring in all ten treatments before the urine became pus and germ free, and the stricture satisfactorily dilated to a diameter of 4 m.m.

Case V.—Mrs. S., aged 53; one child.

For many years has suffered with vague gastric disturbance and almost constant backache; during the past fiteen years has had several attacks of chills and fever, lasting from one to two weeks and considered of malarial origin. For past three or four years has had much pain and discomfort on both sides of pelvis, more marked on right side. There is almost constant vesical irritability. The mouth presents several apical abscesses, and a diffuse pyorrhea. X-ray is negative for stone on either side,

Digitized by Google

but shows marked colonic stasis and radiologist reports adherent chronic appendix.

The dentist advised removal of all teeth on account of the widespread infection in mouth. This was done and two days after the last extraction, patient was seized with hard pain in right side and loins, chills and fever, and the urine became loaded with pus. Upon subsidence of acute attack, cystoscopic examination revealed a widespread cystitis, bilateral ureteral stricture and marked dilation of both renal pelvis, the right holding 30 c.c. and the left a staphylococcus albus infection. This case proved most stubborn and required ten treatments on left side and twelve on right to render the urine pus- and germ-free. The bladder urine on last examination still showed the presence of colon bacillus infection, although the vesical irritability had entirely disappeared, as well as all loin and side pain.

Case VI.—Mrs. B., aged 30; 2 children.

Diphtheria in childhood and many attacks of tonsillitis; tonsils now buried, ragged and need removal. X-ray of mouth reveals two rather large apical abscesses.

Nine years ago, during first puerperium, had chills, fever and pyuria, lasting for about ten days.

Five years ago, operated for a supposedly acute appendix. Two years ago, following an attack of grip, had severe attack of pyelitis, lasting for two weeks with high temperature, chills, sweating and much bladder discomfort. Within four months there were three similar attacks, rendering patient practically an invalid.

X-Ray: Negative for stone in any part of urinary tract.

Cystoscopic: Entire base of bladder greatly inflamed and much redness and pouting of right ureteral orifice; left orifice normal. Renal catheter, armed with bulb, shows definite stricture, 3 c. m. above bladder, a pelvic capacity of 10 c.c. and a pure colon bacillus infection of right kidney.

Six treatments of dilatation and pelvic lavage, together with bladder instillation of silver nitrate served to render both kidney and bladder urine pus- and germ-free. The

Digitized by Google

focal infections in both teeth and tonsils have also been corrected and patient has had no further trouble for a period of nearly two years.

Case VII.—Mrs. O., aged 34; mother of five children, youngest 20 months.

Several attacks of tonsillitis; two attacks of acute articular rheumatism; three crowned teeth, one presenting apical abscess. During her last pregnancy had two definite attacks of pyelitis, and almost constant distress in left side. Within past year and half has had two sharp attacks of pyelitis; the loin pain, together with much vesical irritability are now her constant companions.

Cystoscopic: Bladder is deeply congested over base and left ureteral orifice much swollen. No. 7 catheter, armed with 4 m.m. bulb obstructs 3 c.m. from bladder, and will not pass through stricture area. Pelvic capacity is 13 c.c. and specimen from left kidney shows much pus and growth of staphylococcus albus.

Two weeks later, after a rather sharp reaction from first instrumentation, the renal catheter with a bulb of only 3 m.m. was gotten through the obstruction.

This patient received eight treatments, gradually dilating the ureteral stricture to 4½ m.m. The urine upon discharge was negative to both culture and pus, and the pain and bladder irritability relieved.

Case VIII.—Mrs. H., aged 36; three children.

Repeated attacks of tonsillitis, and much crown work in mouth. Many attacks of right-sided pyelitis extending over a period of twelve years, and which had been repeatedly treated as malaria. The right kidney is tender and enlarged with marked ureteral tenderness over pelvic brim.

Cystoscopic: Bladder base deeply congested; right ureteral orifice swollen and red. Left orifice normal.

Definite obstruction to passage of 4 m.m. bulb, 4 c.m. from bladder. Pelvis holds 25 c.c. Specimen from right kidney shows much pus, and colon bacillus growth. This case proved obstinate, receiving ten treatments in all, the urine never becoming free from colon bacilli, although

Digitized by Google

the pelvic contracted to about 18 c.c. and the loin and bladder symptoms were much improved.

The condition when last heard from, six months after her treatment, was quite satisfactory. It is possible, however, owing to the large number of acute attacks and the great length of time, which the condition had lasted, that permanent damage may have ben done the kidney substance.

DISCUSSIONS.

M. Y. Dabney, M. D., Birmingham: I do not feel that I can do justice to Dr. Baker's excellent paper because I only came in at the end of it, but the conclusions were most interesting; and since I have been called upon, permit me to say a word or two in reference to ureteral stricture.

As for the location of the pain, my experience does not altogether coincide with that of Dr. Baker. It has not been so easy a matter with me to differentiate ureteral stricture from other conditions clinically (before ureological examination), since the pain has not always followed the course of the ureter. Sometimes it was limited to the kidney, the pain being felt usually in the posterior or lateral kidney region. On palpation it seems they often do get a pain which radiates along the course of the ureter. As pointed out by Hunner, if one palpates the brim of the pelvis there is a pain which usually gives the desire to void. But even that is not always present.

Differing somewhat from Dr. Baker, I have been impressed with the fact that very severe kidney infections may produce little fever.

The preliminary treatment, I think, is most important and is often overlooked. It is almost routine, when a urological case comes in, even before it is worked up, to prescribe forced fluids. Unquestionably in many instances it is a good thing. However, if there is a tight ureteral stricture present, more urine may be thrown off from the kidney than can be passed through the stricture with comfort, and consequently the symptoms may be greatly exaggerated. I believe a case should first be diagnosed. Then after the stricture has been dilated it is a splendid

Digitized by Google

plan to wash out any pus which may be present by forcing fluids and inducing a free flow of urine.

I am looking forward with interest to reading Dr. Baker's entire paper in the Transactions.

W. C. Jones, M. D., Birmingham: I would like to speak about some experimental confirmation I have been able to get. On experimental obstructions on between fifty and sixty dogs, we found no matter how healthy and young and lively they were, invariably you will get an infection if you make an obstruction of the ureter. Some of the things I could not find out on account of the infection. It was only necessary to examine them microscopically. So the pure feature of obstruction will lead to infection.

L. C. Morris, M. D., Birmingham: I think all of us men who have been in surgery for a number of years realize we operate a good many cases presenting fairly clear symptoms of inflammation in the appendix, who on the table do not show the macroscopic lesions that we expect to exist. We have operated cases, removing very benign looking appendices, and given our patients temporary relief. We have submitted these specimens to the pathologists and sometimes they were kind enough to help to tide us over by a diagnosis of cirrhotic appendix. In a great many instances we knew the symptoms could not have been produced by the appendix.

Two years ago I determined I would check up. In looking over my records, I found in a number of cases apparently normal appendices had been removed. I began to check to find whether these patients had been permanently relieved by the operation. I found nearly all of these cases had had trouble, and some of them said they felt the appendix had grown back! The pains had recurred.

Most of these cases were victims of pyelitis, the condition existing on the right side.

I think a note of warning should be given regarding the question of waiting, assuming a given case is pyelitis, and not appendicitis. I defy any man to differentiate be-

Digitized by Google

tween the two in certain instances. Not more than a month ago I saw a patient in consultatión with Dr. Turlington, who is doing a good deal of ureteral work. He had seen the patient twenty-four hours before I had, and he felt sure in the morning it was pyelitis. In the afternoon, my position was that no man could afford to take the chance of waiting on a case of that kind; so she was sent to the hospital and operated. She had a normal appendix, and she had a pyelitis. In doubtful cases you have no right to assume it is pyelitis, when you may have an appendix that may cost the life of the patient if not operated.

The question of obstructed ureters, and pyelitis is going to get bigger with every one of you as the years go by. There is no question Dr. Baker has opened up a big field. I enjoyed the paper immensely.

Ross Snyder, M. D., Birmingham: We have read and heard a good deal about the inanition fever of the newly-born. I am convinced most of these cases are due to infection of the urinary tract in the newly-born. I would advise any man who has a newly-born infant which displays fever, to investigate the urinary tract. I know most of these cases arise in those infants not given a sufficient amount of water to flush out the urinary tract properly.

The President: My attention was first called to pyelitis by Dr. Snyder, probably fifteen years ago.

J. N. Baker, M. D. (closing): I have very much enjoyed this discussion, although it branched off a trifle from the general trend of the paper. The title of the paper was "Obstructive Lesions in the Ureter as Causative Factors in Persistent or Recurrent Pyelitis." Why should these cases persist and recur? The more one studies them the more he becomes convinced that most often their persistence is due to some obstruction to the free drainage from the kidney above. As was stated in the paper, there are usually three factors, and probably the most important is the interference with drainage through the ureter; but until all contributing factors are removed you are likely to have persistence and recurrence.

Digitized by Google

I should here like to throw out this warning to the men who are doing general work, and especially obstetrical work (all of my kidney work is done in the female): The history of practically all of these persistent cases shows that for years and years they have had these recurrent attacks of chills and fever and sweats, frequently starting during pregnancy or during the first two weeks of puerperium. In years gone by we gave very little attention to the kidney and ureter, and considered most of them of malarial origin. But owing to the excellent public health work now being done, we know that malaria is decidedly receding. Pyelitis may not be increasing, but it is certainly coming to the fore because we are learning to recognize it. In these cases think first not of malaria but of the kidney—of pyelitis. Examine the urine first. If you are able to show, after more than one examination —one may be absolutely negative—that the kidney is not at fault, then proceed on a malarial basis. I am persuaded that now pyelitis is the cause of more chills and fever, in this section of our country, than is malaria. The pathology almost always is in the kidney.

Digitized by Google

HYSTERECTOMY: ITS SERIOUS RELATION TO THE VITAL ECONOMY, PRE-OPERATIVE PREPARATION, POST-OPERATIVE COMPLICATIONS, TECHNIQUE.

ARTHUR W. RALLS, M. D., Gadsden.

The paper intends to imply either sub-total, total, or pan-hysterectomy, considered as an abdominal operation, but does not include causation nor the many modifications of technique. We contend that the surgeon should assign to hysterectomy a greater position of prominence than it usually receives.

The operation may be imperative as regards life, or it may be selective as regards health.

The type of operation depends upon the etiology, age, and the physical condition of the adnexa and the cervix. It is proper to use judgment that will prevent the probability of re-opening the abdomen in later years. If the cervix is severely hypertrophied or systic, it should be removed: A lacerated cervix may be repaired if the laceration is not too extensive. The leaving in situation of a diseased cervix stimulates unduly the vaginal glands and gives rise to an unwieldly discharge. The leaving of the tubes and ovaries depends on the patients age, presence or absence of degeneration of the ovaries, and the probable poise of the nervous system.

Being a part of the plan of the organic system of reproduction of human life, it stands to reason that the relation of the uterus to the nervous system is vital. While the uterus is only a receptable for the infant, and a passage via naturales for the ovarian secretion; yet its importance as a vital organ can not be wholly disassociated with that of the ovaries. Its function can not be wholly separated from that of the ovaries, and both must needs be considered seriously in the general plan of the vital economy. The relation of the reproductive organs

Digitized by Google

to the nervous system, the part they play in sex psychosis, their interwoven relation in the chain of glandular secretions and excretions, places them in an exalted position in the complex scheme of the body, approaching that of the vital organs.

Surgeons tell us that there is no necessity for shock in this operation, and that the patient bears the operation better than operations of the upper abdomen; all of which is true in some cases. But many cases come to the surgeon for hysterectomy, with a low red cell count, a hemic murmur, albuminuria, and evidence of cardiac muscle degeneration; certainly not an attractive picture for operation.

The above factors combine to make hysterectomy an operation of great potentialities.

Pre-Operative Preparation.—The general preparation that obtains in other abdominal operations applies in this case. If the patient is very anemic, she should by all means have a blood transfusion forty-eight to seventy-two hours before operation. The most important item in special preparation, consists of the thorough cleansing of the vagina with soap and water, followed by pouring into the vagina an ounce or more of equal parts of tincture of iodine and alcohol. This is accomplished with the patient in the lithotomy position, and all parts of the vaginal vault should be mopped carefully with a small swab. A careful bimanual examination, with the patient in the lithotomy position, should be made before the vagina is prepared, as a pregnancy may have occurred in the time which has elapsed between the last examination and the date of operation. A pregnancy under these conditions might change the date of operation.

Before the preparation of the vagina is done, a careful inspection of the vagina and the cervix should be made with the bimanual examination. Cases have been reported in which vaginal examination at the time of operation was overlooked, and at the time of operation intra-mural or sub-mucous growths, having their origin in the fundus, were found later to protrude from the cervix.

Post-Operative Complications.—Only recently the writer questioned Judd, of the Mayo clinic, as to the most

Digitized by Google

common complication in the hands of the average surgeon. His answer was, "Intestinal paresis, coming from some low-grade infection, and this infection usually caused by an infected cervix, or due to a metastasis from some focus within the patient's body."

A careful cauterizing of the stump, in case of sub-total hysterectomy, with carbolic acid and alcohol or with iodine, will prevent many of these infections. Hemorrhage from the stump of the cervix, or in total hysterectomy from the sutured vaginal vault, occurs more often than is generally thought. An oozing from the vault may be relieved by packing the vagina with iodoform or other gauze. Injury to the ureters is also very common. If a ureter is wounded with a needle, with some loss of urine into the cavity, it will take care of itself usually if the abdomen happens to have drainage. The following has been given us by Chalk, of St. Louis, after a series of interesting experiments: "If one ureter is tied off, the kidney will degenerate, but the ureter may open again after twenty to forty days. If both ureters are occluded by suture a double nephrostomy will save the patient's life 'till the ureter opens, or until a uretero-vesical transplantation can be done. Deligation of a ureter is practically impossible." In case the ureter is cut during operation and is undiscovered at the time, the ureter should be catheterized to determine the side affected, and a nephrostomy should be done until it shall be decided as to the expediency of a transplantation or a nephrectomy. In case a nephrostomy is done, if the ureter finally opens, the fistulous tract in the kidney heals voluntarily. *Adhesions* are common, due to the presence in some cases of extensive raw space, and the patient should be made to change position in bed frequently, lying first on one side and in a few hours on the opposite side. Excessive vaginal discharge following hysterectomy, is usually due to the leaving in situation of a hypertrophied or cystic cervix. In this case, the cervix should be amputated later. Vaginal hernia has been reported, due to laxity of the uterine ligaments, and also of the vaginal vault. If the cervix has been left, its stump should be fixed to the recti-abdominis muscles in the central incision. King, of New

Digitized by Google

Orleans, reports satisfactory cures by this method. If there is no cervix present, other plastic work must be devised. Cases have been reported in nulliparous women, and with apparently healthy uteri, in which sub-total hysterectomy was done, in order to make use of the cervical stump for relieving a vaginal hernia that was idiopathic and not post-operative.

Technique.—Personally I have not found it advantageous as a preliminary step, to separate the cervix from its surrounding tissue by the vaginal route, in case of total hysterectomy. The first point of interest in the technique is a large abdominal incision extending well down to the pubis. (a) Low incision over the pubis shortens the depths of the operative field. An open skeleton blade retractor is preferable to the broad solid blade, as it takes up less room and renders the sides of the wound more pliable. Balfour's restractor with the new lower angle blade for holding the bladder out of the way is preferable. (b) After the Trendelnberg position the abdominal viscera should be well packed off with large wet gauze pads, not only to give a better field for work but also to save time from having to repack in case the patient should vomit or strain during the anesthetic; by carefully packing back the viscera in this manner much valuable time may be saved. (c) Our English brother for years has used principally silk in the pelvis, but No. 2, 10-day chromic cat-gut fills perfectly every requirement. (d) The hysterectomy clamp on the market fifteen years ago was unsurgical and its use almost criminal, on account of its immense size and length. No doubt this large clamp has been responsible in the past for many cases of accident to the ureter. The small slightly curved clamp of today, or a four-inch hemostat are satisfactory. If clamps are applied to the broad ligament, their depth should not exceed the line of the utero-vesical septum. The round ligaments should be cut separately. In clamping the broad ligament, Sir Arthur Thomas, of Sydney, advocates applying the distal clamp first, in order to stop nerve conductivity, thereby saving the nervous system the strain of the second clamp. (c) The clamp facilitates the work, but the work done without clamps appears more surgi-

Digitized by Google

cal. The four cardinal arteries are tied separately and the suture should not include anything but the vessels. Transfixing the broad ligament lessens the danger of hemorrhage in case of severe vomiting or wretching. After transfixion, retraction of the tissues or vessels is not liable. In amputation of the body of the womb from the cervix, the incision should bevel down, rather than directly transverse. If the site of amputation oozes, it is proper after cauterizing the canal to work a draw string of heavy cat-gut through the muscular coat of the cervix and just beneath the peritoneal coat, which when tied closes the cervical canal and stops all oozing. (f) The round ligament and broad ligament may be dealt with in any of the several methods of attachment of the stump to the cut cervix, or beneath the parametrium. Thorough peritonelization of the stump is very necessary, not only to prevent oozing but also to prevent the pouring out from the raw surfaces of lymph, which acts as a splendid culture medium. (g) The operation should be done as expeditiously as possible, as the Trendelnberg position causes much pressure on a heart that may be already enfeebled. (h) In some cases where the paremetrium and utero-vesical septum are contracted, and have pulled the bladder toward the suture line, the bladder should be emptied by catheter every six hours for the first forty-eight hours, to prevent over ditension, and tension on the suture line. (l) In cases of large sub-peritoneal tumors with extensive adhesions to the intestine it is best to leave a thin slice of the tumor on the intestine rather than attempt a dry sponge dissection. (j) If the operation has required much trauma and handling of the tissues, all cases should be drained forty-eight hours. (k) A 1-2000 solution bichloride of mercury vaginal douche under low pressure, should be given daily five or six days.

Digitized by Google

THE INDICATIONS FOR SURGERY IN THE TREATMENT OF GOITER.

S. L. LEDBETTER, JR., M. D., Birmingham.

On account of its prominent location and accessibility, the thyroid has received greater study than any of the other endocrine glands; and much of our knowledge of its physiological processes has been derived directly through the development of the surgery of goiter.

Early thyroid surgery was greatly retarded in its beginning by the seriousness of the operation, and was limited to the partial removal of large adenomatous, cystic, and malignant glands for the relief of tracheal stenosis. Later, non-toxic goiters were removed for the cosmetic effect. Even though because of the associated hypertrophy, it was thought for many years that exophthalmic goiter was in some way related to a diseased thyroid, removal of a portion of the gland as a therapeutic measure for this disease was not practiced for some time.

The small goiters of adolescence are very common and are not treated surgically. Should they resist treatment, enlarge and become disfiguring, or produce pressure on the larynx or trachea, then operation is recommended. Small adenomatous, and simple colloidal hypertrophies in young adults, producing no marked disfigurement do not require removal. Later on in life the adenomatous type tends to degenerate, producing symptoms resembling exophthalmic goiter, and in this group of cases surgery is advised. The adenoma is no doubt the precancerous lesion, and particularly when undergoing degenerative changes, surgery is strongly advised.

Operation is indicated in all cases of non-toxic goiter when the tumor is large or if there is any undue pressure on the trachea or oesphagus. Certain adenomas, though not large, on account of their location, may cause considerable pressure on the trachea or recurrent laryngeal nerve, producing cough, hoarseness, and even a paralysis

Digitized by Google

of one of the vocal cords. Sub-sternal or intrathoracic goiters always require removal.

Exophthalmic goiter is by far the most interesting of the entire group of thyroid diseases. There is no other disease that affects so much of the human organism, and one must have a very broad understanding of physiological processes to even partially understand this complicated syndrome.

At present, sub-total thyroidectomy offers the greatest opportunity for relief. Early cases give a large percentage of complete recoveries; but later cases with all organs more or less hopelessly degenerated are improved to varying degrees but not cured. The disease, as a rule, runs in cycles—an acute stage followed by a period of improvement with frequent relapses and gradually becoming more advanced with increasing operative risk and less hope for a complete cure by any known surgical procedure. Some cases recover completely after the initial attack. This is most likely to be true if resulting from focal infections that are promptly eradicated. But the thyroid is still sensitive to stimuli and any unusual physical or mental strain is apt to cause the disease to manifest itself again. Early cases of mild or moderate severity that are not completely relieved by rest, change of environment, and eradication of all sources of focal infection, should be subjected to the radical operation of sub-total thyroidectomy. Even if there is improvement, if it is not rapid, operation is indicated. Operation is also advised after a seeming medical cure to prevent a recurrence of symptoms. It is not advisable to operate during an acute crisis and so one should wait until improvement occurs after a period of rest. In the severe well-marked stage when surgery is hazardous, ligation of the superior thyroid arteries and superior pole of the gland is the procedure of choice. If little reaction occurs following ligation then in ten days the more radical operation may be performed. If the reaction is great then we should wait until improvement occurs, which is usually in from six weeks to three months. Boiling water injections bring some relief but I do not believe it to be quite as valuable as the ligation. In extreme cases, ligation followed by repeated

Digitized by Google

injections of boiling water into the gland is indicated. When the surgeon is in doubt as to the safety of thyroidectomy in any given case, then a preliminary ligation should be done. The estimation of the basal metabolic rate is of great value in determining the severity of the case and the safety of the operation. A high basal metabolic rate associated with a severe and serious clinical picture spells danger. Of the two, I believe that the clinical picture is of more value.

When one can make a positive diagnosis of malignancy before operation then no cure can be expected and radium should be used. If at operation palpation of the gland suggests malignancy, then all nodular masses should be removed and if any deficiency in thyroid tissue results, it can be replaced physiologically by feeding the individual thyroid extract or thyroxin.

DISCUSSIONS.

B. L. Wyman, M. D., Birmingham: I do not like to see so valuable a paper pass without some discussion. I am a firm believer in the operative treatment for exophthalmic goiter. I see many that should have been operated on long before they were. I recall one particular case the Mayos operated on three times. I had advised this woman she would have to have an operation sooner or later. She had no toxic symptoms at that time, but later developed all the characteristic symptoms of an exophthalmic goiter. She finally went to the Mayos and they did what the doctor has advised. Later on she had a thyroidectomy and improved, and then had a recurrence. I want to say the surgeon has learned in the beginning it will save time if the thyroid is removed; so when she had her second relapse the Mayos said she must return and have a portion of the thyroid removed. She is now apparently well, but there have been degenerative changes in her heart and other organs. It is unquestionable we are wasting time. Even those cases that have recovered will sooner or later relapse.

I enjoyed the paper very much. It is a valuable contribution.

Digitized by Google

Dr. Ledbetter (closing): About the amount of gland to remove, it is most important to get a successful result to remove a large portion of the gland. If one leaves one-third of a normal-sized gland, it will be entirely sufficient.

As regards the X-ray and radium, there have been some very good results reported in the treatment of this disease by radium and by the X-ray. There is one objection to this: In case operation is necessary later, it makes it much more difficult on account of your adhesions and the blood supply and the friability of the gland.

I want to express my appreciation to Dr. Jones for his wonderful and valuable paper on surgery of the neck.

Digitized by Google

VINCENT'S ANGINA—WITH SPECIAL REFERENCE TO ITS INCREASING FREQUENCY.

HARVEY B. SEARCY, M. D., Tuscaloosa.

This paper is not a long article upon Vincent's angina, but is only to serve as a stimulus to be upon the lookout for this now *not* uncommon disease. I have been doing special work for thirteen years and can recall only two cases prior to my experiences with the American Army in France. I was fortunate in seeing many of these cases over there and especially fortunate in seeing the clinic of Dr. J. Shea, of Memphis, Tennessee, then with United States Base Hospital No. 57, in Paris. Since my return to Tuscaloosa, Alabama, I have had fifteen cases and all of these can be traced directly or indirectly to France, and were in returned soldiers, their close associates at college, or in members of their families. Two of these cases had had vigorous anti-syphilitic treatment, neither smears nor blood having been taken for examination. Several of them were referred to me by the dentists who have had their attention especially called to this condition by a prominent young lady that went the rounds of their offices affected with this disease, and also by the fact that their current literature has had many recent articles upon Vincent's angina. Only one case was referred to me by a medical man.

Now a few words of description of this condition most commonly called Vincent's angina but also spoken of as ulcero-membraneous sore mouth or throat, trench mouth, etc. The etiology is still a question of doubt but with it are always associated a fulsiform bacillus and the spirillum of Vincent. These may also at times be found in the slough of cancer and chancroids, but upon the finding of these two organisms the diagnosis is made. It is contagious, but the micro-organisms being anaerobic they find their best media for growth as a secondary infection to such conditions as pyorrhœa and chronic tonsillitis,

Digitized by Google

and may be harbored indefinitely deep in the crypts of the tonsils and in the folds of membrane around the teeth repeatedly reinfecting other areas.

The ulcers are deep and spread beneath the surface, producing foul sloughs with fever, pain, glandular enlargement, etc., but the toxemia is at times surprisingly little for the areas involved and clears up rapidly under local treatment. I have never seen any case where the cervical glands broke down or needed any other treatment than that of the involved areas in the mouth and throat, although such conditions are possible.

The diagnosis must depend in most cases upon the findings in the laboratory. The micro-organisms stain readily with the ordinary laboratory stains if used weak, and allowed plenty of time in the staining solution. In diphtheria and the acute pyogenic infections of the throat there is usually much more systemic trouble with higher temperatures, etc. In the chronic cases syphilis and tuberculosis are often hard to differentiate, but there again the laboratory findings must be depended upon. Clinically Salvarsan benefits some of these cases and leads to wrong conclusions.

Much has been written in regard to the treatment but all have the same fundamental ideas, thorough cleaning and cauterization. Remove thoroughly but gently with a dull curette or an applicator tightly wound with cotton and dipped in hydrogen peroxide, all slough from the infected areas going deep into all pockets. If necessary, have all the old snags of teeth removed, but produce no more pockets for infection. Allow the small amount of bleeding to stop, wipe away the clots and then cauterize with silver nitrate solutions or tri-cholacetic acid. The mouth is usually very acid and an alkaline mouth wash and tooth paste is indicated for home use. The treatments should be given daily, using weaker solutions as the condition improves. Salvarsan in glycerine applied to the ulcers, and Salvarsan used intravenously is at times of benefit. After all ulcers have healed and negative smears obtained such sources of re-infection as the tonsils should be removed and frequent dental prophylactic treatments given.

Digitized by Google

Conclusions.—Vincent's angina is now to be kept in mind at all times and may be expected at any time in such places as dormitories, where people live in close contact.

A clean mouth is the best preventive.

F. C. Stevenson, M. D., Montgomery: I rise to state I have seen instances of it in the Children's Masonic Home in Montgomery.

Dr. Searcy (closing): Some cases of the rectum and duodenum have been reported. Cases with syphilitic treatment have been more prone. It has no effect upon the Wasserman reaction at all.

Digitized by Google

THE DIFFERENTIAL DIAGNOSIS OF THE PARALYSES OF INFANTS.

W. W. HARPER, M. D., Selma.

The neurologist who treats adults only sees a different picture when called to diagnose nerve lesions in infancy. The diagnosis is made easier if one divides these paralyses into two groups:

1. Lesions of the upper neurons—producing a spastic paralysis.
2. Lesions of the lower neurons—with a flaccid paralysis as an end result.

By spastic paralysis one means a tonic spasm of the muscle affected, but these muscle spasms must not be mistaken for the contractures seen in normal muscles whose opposing muscles have lost their functions through a flaccid paralysis.

In *birth palsy*, three types are recognized:

a. Quadriplegia.
b. Paraplegia.
c. Hemiplegia.

In quadriplegia, the wreck in the brain occurs before labor, due to some abnormal intra-uterine pressure, and the child is born a hopeless idiot. All reflexes are exaggerated.

In paraplegia, the hemorrhage into the brain occurs during labor and the resulting clot not only paralyzes the leg muscles but it reaches over into the silent centers, inhibiting mental development and producing as an end result high grade imbeciles. These babies are born cyanosed, remain blue for quite a while and cry a great deal. Physical examination shows tonic spasms of the leg muscles, but no muscle atrophy; increased knee jerks and a bulging fontanelle. The diagnosis is confirmed by lumbar puncture, bloody spinal fluid escaping under pressure. The lumbar puncture is valuable not only for diagnosis,

Digitized by Google

but it is the one remedial agent which is of some service, for, by promptly draining off this bloody fluid, many of these cases are permanently cured.

The hemiplegic type gives this history: Normal labor, baby perfectly well at birth. Nothing abnormal is noticed for two or three days, when suddenly the baby has a convulsion, becomes cyanosed with an embarrassed respiration. The diagnosis is established by finding increased reflexes on one entire side. The fontanelles are bulging and a lumbar puncture gives a bloody fluid under pressure. This is the only type of spastic paralysis where there is any hope that the patient will recover with normal mentality.

Before discussing the flaccid paralyses, it will be well to briefly study the reflexes in infancy. It is necessary to consider only two, the patella and plantar, as all others are absent until the sixth month. (Batten). To obtain a reflex, the three arcs of the circle must be intact. These are:

a. The nerve trunk.
b. The posterior columns of the cord.
c. The anterior gray horns.

A destructive lesion in any of these centers abolishes the reflex. Therefore, when one finds an absent knee jerk in an infant, one can feel reasonably sure that the case is either a multiple neuritis or a polio-myelitis—Tabes dorsalis, being the most common cause of degeneration of the posterior column, can be disregarded during infancy.

"The patella reflex is best obtained by holding the thigh in the left hand while the leg falls over the doctor's forearm" (Batten). One should remember that an infant's reflexes are quickly exhausted through prolonged testing.

The plantar or Babinsky reflex is elicited by gently stroking the outside of the sole of the foot from the heel to the toe. Normally under such a stimulus, all the toes flex but in the Babinsky sign the big toe slowly extends while the other toes flex and "spread out like a fan." With the exception of one disease—pseudo-hypertrophic

Digitized by Google

muscular atrophy—the Babinsky is of no value before the fourth year of life, as it can be obtained in all normal babies. In pseudo-hypertrophic atrophy it is of value before the fourth year of life, as it can be obtained in all normal babies. In pseudo-hypertrophic atrophy it is of value because it is present while the patella reflex is absent (Holt).

Obstetrical Paralysis.—In this disease, the lesion as a rule affects the outer trunk of the brachial plexus, and there is a paralysis of the outward rotators of the shoulder and arm, the deltoid, the biceps, the brachial anticus and the supinator longus. This paralysis differs from a polio in the fact that the paralysis is noticed soon after birth, by the peculiar grouping of the muscle affected, and by an anesthetic cuff over the affected shoulder due to the fact that the circumflex nerve arising from the outer trunk supplies the deltoid with motion and the skin over the deltoid with sensation.

Polio-myelitis.—Here the usual history is that after a day or two of fretfulness, fever and vomiting, it is noticed that the baby is unable to use one or more of its limbs. In a few cases, however, the story is that the baby went to bed perfectly well and awoke unable to stand or use the arms. Physical examination shows certain groups of muscles to be flaccidly paralyzed. There is marked diminished or absent reflexes. Contrary to former teaching, there is quite a bit of pain during the first several days of illness, the baby bitterly resenting any movement of the affected part (Morse). The muscles rapidly atrophy and the limb becomes cold and somewhat cyanosed. Lumbar puncture gives a clear liquid not under pressure in which there is a decided increase of the large monocuclears (Morse).

Multiple Neuritis.—The physical findings in this disease are practically those found in polio. The differential diagnosis must be made from the history of the case. In multiple neuritis there is the history of a previous severe infectious disease like typhoid, colitis, pneumonia or diphtheria. The paralysis begins insidiously and gradually spreads until large areas are involved, while in polio

Digitized by Google

large groups of muscles are suddenly paralyzed. The majority of cases of multiple neuritis in infancy follow diphtheria. The paralysis is painless and is first noticed in the soft palate. Diphtheria paralysis always indicates that too little antitoxin was given or that it was given too late. Batten advises that in diphtheria the knee jerks should be tested at each visit as their absence indicates involvement of the nervous system with a beginning paralysis and that the patient should be kept in bed until the knee jerks return. Otherwise the patient is liable to die suddenly from paralysis of the pneumogastric.

Progressive Muscular Atrophy needs only to be mentioned as it is not a disease of infancy.

Pseudo-hypertrophic Paralysis is a disease of early childhood. Its diagnosis is made by observing a marked enlargement of certain groups of muscles which have lost their power. The muscles most usually affected are those of the calf. Diagnosis is made by the characteristic manner assumed by the child in raising himself from a sitting or lying position to the upright—that is, hands on knees for support, then on thighs, etc.

Rachitis.—Frequently in this disease the muscles are so weak that the patient is unable to walk, thus simulating paralysis. It is differentiated from true paralysis by finding such evidence of rickets as head sweating, delayed dentition, square head, chest rosary, and widely open fontanelle. There is no muscle atrophy and the knee jerks are normal.

Scurvy (Barlow's Disease).—During the second year of life, infants who have been walking not infrequently "go off their feet," and at once the question of paralysis arises. Physical examination reveals normal knee jerks and no muscle atrophy. The tibiae are tender and have a boggy feel—due to hemorrhage beneath the periosteum, while the gums are swollen and bleed readily. Such findings spell acute scurvy and not paralysis.

Syphilitic Epiphysitis.—The following case illustrates how congenital lues may simulate a polio-myelitis. A negro baby—the second child—was seen by me when

Digitized by Google

three weeks old and this history was obtained. Mother is well and has had no miscarriages. Father's health said to be not good. Labor was normal and baby breast-fed. It was perfectly well for the first ten days. Then the mother noticed that it cried whenever she handled it. It gradually stopped using one hand and then the other. When seen by me both arms hung limp by the side and their manipulation was painful. Both radial epiphyses were enlarged and tender. When the wrist was fixed the baby moved its fingers. As a double epiphysitis in the first six months of life is always syphilitic, the baby was given active syphilitic medication and the pseudo-paralysis rapidly disappeared.

Trauma-simulating Paralysis.—The two following cases illustrate how trauma may produce a pseudo-paralysis: A three-year-old boy was brought to the office crying—unable to use the right arm. The story was that the parents were taking him out for a frolic and had suddenly swung him from the street to the sidewalk. He immediately began to scream with pain. As there was no drop wrist and no anesthesia of arm or forearm and no loss of radial reflexes, a lesion of the brachial flexus was ruled out and a diagnosis of "pulled shoulder joint" was made. This condition is caused by the sudden separation of the bones of the joint, producing a vaccum, and the edge of the synovial membrane is drawn into the vaccum and becomes pinched between the rim of glenoid cavity and the head of humerus when latter is forced back. By further pulling the arm the bones are separated, the synovia is liberated and the paralysis disappears.

Case 2.—Henry S., three years old, was brought to the office because of a limp and foot drag which he had had from two or three weeks. A mild polio was suspected. X-ray examination showed no bone or joint lesion. Physical examination showed no atrophy or loss of patella reflex. Trauma was denied, but a careful examination showed a small thickened spot between tibia and fibula which was diagnosed as ruptured fascia or muscle. Rest and massage soon effected a cure.

Digitized by Google

THE DIFFERENTIAL DIAGNOSIS OF THE PARALYSES OF INFANTS.

1. Birth Palsy—Quadriplegia, Paraylegia, Hemiplegia.
2. Obstetrical.
3. Polio-myelitis.
4. Multiple Neuritis.
5. Progressive Muscular Atrophy.
6. Pseudo-muscular Atrophy.
7. Pseudo Paralysis—Rachitis, Scurvy, Syphilitic Epiphysisis, Trauma.

Digitized by Google

THE PROPHYLAXIS OF ILEO COLITIS.

J. Ross Snyder, M. D., Birmingham.

There is no specific prophylactic treatment for acute colitis and yet I know of no other infectious disease against which intelligent measures can be used so satisfactorily.

The prophylaxis consists in keeping every child's resistance above or as near normal as possible and in feeding the child nothing but clean, well-adapted food, all of which is much easier said than done.

There is a well-founded dread of the second summer. The explanation for the greater prevalence of colitis among children between 12 and 24 months of age rather than among younger infants, lies not so much in the fact that children of the former age have been weaned and are cutting difficult teeth, as in the fact that these children are crawling and walking. The young infant stays in bed or in arms. The older child on foot or on hands and knees, makes excursions of exploration during which he comes in contact with many germ-laden objects. The bulk and shape of many of these is such that the baby cannot get them into his mouth, but nothing daunted he tests their palatability by licking them with his tongue.

Oftimes the object, whether it be a dead fly, a piece of coal, a tack, an apple core, a ball of hair, rat excrement, or what not, is of such size as to permit ingestion. A piece of manure cast off by father's boot and the remains of Fido's dinner appeal to the baby's peculiar appetite as morsels equally delicate and savory. The latest stunt of this nature coming to my knowledge was the consumption at one sitting by an 18-months-old baby girl, of a jar of cold cream and a box of "rouge." The mother accepted the situation with the greatest philosophy, regarding it no doubt as merely an exhibition of precocious femininity. The father was more concerned and excitedly demanded to know if the red paint contained poisons. I

Digitized by Google

told him I was not familiar with the chemical ingredients of "rouge" but that I felt certain it contained nothing poisonous, otherwise an epidemic of suicides would occur accompanying every modern dance and party.

The foreign body swallowed and then passing along the sensitive mucosa of the intestinal tract exercises a multiple function; at one time it plows, it fertilizes, and it sows the seed; the harvest of colitis is always an abundant one.

As a compliment to man's intelligence and to parental love, God did not endow the baby with selective power in regard to food; such power was only given to the young of lower animals. We are not playing even the part of a good animal when we permit the baby to get hold of objects which though not intended for his consumption are so utilized by him to his hurt. A play-pen of dimension to limit the amount of floor space over which the baby may crawl but to encompass an area sufficient to permit exercise is a good prophylactic device. The floor of the pen should be covered with a detachable piece of oil cloth, linoleum, or sheeting. Whatever article is selected for this purpose, it should be kept scrupulously clean.

Only toys with smooth, easily washable surfaces should be allowed in the pen. The toys should be of such construction that no part of them can be detached and swallowed.

Notwithstanding popular idea to the contrary a baby can have just as good time playing in cleanliness as he can in filth and dirt. Far less cruel than to permit the baby to crawl over dirty floors, making promiscuous mouth-gatherings, would it be to leash and muzzle him.

Although I have paid my respects to the "pacifier" on many previous occasions, I make no apology for again calling on you to condemn this abominable device of the devil. The iniquity of its use is found not only in its breach of the sanitary code but of the moral law as well. The thing cannot be kept clean and it destroys the contour of the baby's mouth. Its immorality is that it serves neither as a food nor any other useful purpose. Sometimes it is called a "fooler" which is more nearly descrip-

Digitized by Google

tive, but the most appropriate name is "liar," since it conveys the first lie from parent to child. The parent guilty of this first lie continues throughout parenthood with the same careless disregard of responsibility. Look around you and see if that isn't so.

Clothing is an important consideration. During the spring and early summer, we have in this State and in neighboring States some excessively hot days followed by nights that are chilly. Young children are exceedingly sensitive to such quick atmospheric changes. So far from being endangered by quick changes in clothing to meet these weather changes, the baby is protected thereby. If the days are hot, strip to the thinnest garment; if the nights are chilly, put on a shirt and a gown of sufficient weight to keep the child comfortably warm. It does not lie within our power to change the weather but unless our minds are befuddled by traditions and superstitions we can exercise common sense enough to adjust the baby's clothes to atmospheric conditions.

During the summer if any breeze is stirring it should be courted for the baby and the latter should be kept in the shaded open. Sometimes when the air is still and hot, it is cooler indoors than outside. After such a day there is no objection to the baby sleeping out in the open, provided he can be protected from mosquitoes and other nocturnal insects. If economic conditions are such to prevent screening the entire house, the baby ought to be screened. This can be done at slight cost and is always a paying investment, as it prevents flies from gaining access to the baby and to the baby's food. The baby's face and hands should be kept clean. To refresh him and keep him clean the baby should be bathed frequently both inside and outside. If he is teething shaved ice between feedings will cool and soothe the gums and furnish additional water. Guard the baby against excitement and too much romping. See to it that he gets his naps at regular intervals and that the household does not interrupt or disturb his sleep. After observations made over a period of more than five years I am convinced that for artificially-fed babies it is safer to use, during the summer, dry milk rather than pasteurized fresh milk.

Digitized by Google

The incidence of colitis among children fed on dry milk is considerably less than among children using boiled or raw milk. I have never seen a case of rickets or scurvy traceable to the use of dry milk. I heartily commend the efforts of municipal boards of health to pasteurize all market milk which does not meet the requirements of safety.

The city government ought to have just the same right to enforce laws to assure its citizens of a safe milk supply as it has to enforce laws to keep its water supply safe. Until such right is granted and exercised, prohibition laws relating to intoxicants should be regarded as another illustration of the folly of putting "the cart before the horse."

With the very first indication of bowel trouble in summer the child should be treated actively. A dose of castor oil should be given at once, and food should be stopped until it can be determined how serious is to be the disturbance. The possibilities of food contamination and the source thereof should be investigated. The food formula should be readjusted to suit the indications. If there is evidence of an inflamed condition of the bowel, a bowel irrigation should be given after the oil acts. Instruct the nurse or the mother how to irrigate the bowel. It cannot be done with an infant syringe and a cupful of water. One or more gallons of saline as hot as the infant can stand with comfort should be used. I do not advise the use of the colon tube but insert the nozzle of tube of the fountain syringe just well within the rectum. The hips of the baby should be elevated. In this way and by using a larger amount of water I believe the colon will be as nearly reached as when the colon tube is used. There is danger even in experienced hands of mechanically injuring the bowel with a colon tube. By prompt measures such as these I am convinced that many cases of colitis can be aborted.

Finally, I believe that acute colitis should be made a reportable disease. The bowel discharges from a colitis case are as dangerous as those from a typhoid fever case. Whenever possible the person who administers water, food, and medicine ought to do only that and little more

Digitized by Google

for the patient. Bathing and changing the soiled diapers should be done by some one who will not touch the things which are given by mouth. Whoever handles the patient and takes care of the diapers should be given explicit directions as to precautions necessary to keep her hands from being a menace to herself and to others. Soiled diapers should be kept in a covered pail in antiseptic solution. After washing they should be thoroughly boiled. I am convinced that if boards of health would use their influence and legal authority in efforts to have every case of colitis handled properly, much could be done to limit the occurrence of this dread disease.

DISCUSSIONS.

L. C. Morris, M. D., Birmingham: I would like to ask if there is any danger, or if he has encountered a case where the fluid would get into the upper part of the small intestine? Do you ever see an action of that kind?

J. D. Dowling, M. D., Birmingham: I was interested in what Dr. Snyder had to say with reference to colitis as a communicable disease. I think we know enough about the nature of it to justify us in classifying it in the same group of diseases as typhoid. It is spread in the intestinal discharges. We prepared a chart in Birmingham last year showing the deaths from dysentery and colitis in children under five years of age, and compared this with the deaths from typhoid. There was a constant and definite relation between the incidence of the two diseases. Whenever there occurred a variation in typhoid, we got a relative variation in the deaths from diarrhœa and enteritis. We had a remarkable reduction in typhoid following the inauguration of a program of sanitation, and also a reduction in dysentery among children.

I believe the time is ripe for adding colitis to the reportable diseases. We are making a lot of noise about reporting other diseases over which we have little or no control. We know how colitis is spread, and I am anxious to see it added to the list of reportable diseases.

Digitized by Google

T. F. Wickliffe, M. D., Troy: I noticed where I was health officer for some months we used dry milk a great deal. I never saw it used without first-class results. It will give splendid results if used properly. I have yet to see any bad results from it, such as rickets, etc.

Edward S. Sledge, M. D., Mobile: I have had two cases recently brought to my attention. The first one was evidently a case of colitis, with just the opposite condition from that of diarrhœa. It was a case of constipation. This boy showed the appearance of early meningitis, but it did not look like an inflammatory condition. He had a normal temperature. He was given a large dose of castor oil and he cleared up. Nothing further was done for twenty-four hours, and the same condition returned. Another dose of castor oil stopped it, and he was definitely treated for colitis and made an uneventful recovery.

Another case was a boy of fourteen who had a convulsion in the morning and another in the evening. He was diagnosed as a possible meningitis case. A large dose of castor oil brought about the same kind of result.

Both of the cases entirely cleared up.

Member: Have you had any experience where you thought dry milk was inferior?

Dr. Snyder (closing): More than a year ago there was a shortage in tin and they began packing dry milk in paper boxes and some of it deteriorated. Considerable complaint came to me. I asked them to investigate the trouble and it was traced to the paper containers not excluding the air properly.

Diarrhœa is nature's effort to take care of a condition. If the intestinal tract harbors infection and if there is no ensuing diarrhœa, the child becomes quite toxic—the toxines entering the circulation.

I was forced some years ago into the use of dry milk. We still have a rotten milk supply in Birmingham. I want to congratulate Anniston upon having pasteurized milk. I hope we will soon have the same thing.

Digitized by Google

THE PATHOLOGY OF FUNCTIONAL DISEASE.

E. S. SLEDGE, B. S., M. D., Mobile.

In this presentation it is neither desired nor intended to attempt an offer of anything new or original. The writer will feel amply repaid if in bringing certain matters to your attention, a contribution is thereby made to a better and a more rational understanding of one of the problems that is as old as scientific medicine. And even prior to that time this problem existed, but it was then an integral part of religious fanaticism. That functional diseases still possess an apparent intangibility for at least a considerable proportion of the medical profession and that this intangibility is appreciated by the laity, are undeniably evidenced by the phenomenal success of "faith healers," "therapeutic faddists" and "quacks," to say nothing of the financial harvest that is yearly reaped through the indiscriminate sale of "patent medicines" and "nostrums." These are the most difficult cases for satisfactory management in the hands of any physician; it is here that the physician fails if he loses sight of the maxim—"treat the individual patient, not his symptoms nor his disease."

The "soi disant" functional diseases are on the increase. While the progress of civilization through the past few decades, the average member of society has not shown a proportionate development in his physiological economy to fully meet the demands of environment. Furthermore, factors tending to an insidious overstrain of the human physiology by habits or by disease, have been overlooked to a large extent, while the progressives have been busy seeking eradication of the more gross and visible evidences of disease. For example, the once common epidemics of typhoid fever and smallpox are becoming rarities, while neurasthenia and nervous indigestion are more widely disseminated every day. Nervousness has been popularized and dignified; it is accepted; it is sought

Digitized by Google

after; it is bragged about; and worse of all, it is being bequeathed to the younger generations as a handicap to efficient development during their passage through the period of adolescence, that period of plasticity of the human clay wherein is moulded the future of the individual. In this connection it is well to seriously direct attention to the enormous possibilities of the movements for mental and physical hygiene, to salvage reclaimable material and sow the seed that will bear the best fruit in the children of the third and fourth generations. And functional disease *is nervousness,* i. e., it is always manifested as an abnormality of the nervous system, central, peripheral or vegetative.

The advances of our knowledge of physiology, pathogenesis and pathology, have been monumental during recent years. And these very advances have been steadily restricting the class of conditions to which the term functional disease can be justly applied. A better understanding of pathology has brought about this restriction by eliminating a disease as soon as it has been proven to have a demonstrable pathology. Despite this elimination there is still an increase in functional disease, principally for two reasons; first, there is more nervousness, and secondly many of the known organic diseases in their early stages are apt to be considered nervous or perhaps just functional manifestations. As having a bearing upon the latter, there must be considered the propaganda on health assurance and medical matters in general that has been carried out in lay publications and through the medium of the life insurance companies; this educational influence has a tendency to bring the prospective patient to the physician on the slightest indication of disordered health.

The betterment of our knowledge of pathology has resulted from more finished methods of technique and from a closer correlation between pathology, physiology, and clinical medicine. But still pathological technique is crude at best and is more capable of defining the grosser and more permanent tissue changes than of illuminating the finer protoplasmic deviations. And yet there is a wealth of evidence to indicate that pathology of the living

Digitized by Google

tissue may be but evanescent and while existent provocative of serious disease manifestations in the patient. Physiology in the light of modern advances, teaches that the physiological activity of living cells is attended by chemical changes which in many instances are capable of demonstration by even the present inadequate methods of tissue examination. Such changes by too frequent or too intensive repetition bring about the pathological condition of hyperactivity, hypoactivity or perversion of function. Consequently the clinician's conception of pathology must include a much broader scope than the gross tissue changes that are daily pictured in the pathological laboratories. Pathology must be considered to embrace those chemical (and possibly electrical) changes or the lack of tissue force, which in the absence of definite organic change must of needs be inevitably associated with morbid physiology.

It is believed that the most rational concept of this subject justifies the statement that there is no such thing as a functional disease, functional in the sense that it represents no pathology. These conditions must all be on an organic basis; some of them possibly not organic in the sense of tissue destruction, proliferation or deterioration; but organic in that there is some parenchymatous or protoplasmic deviation that is usually temporary in the cases that make a clinical recovery. One has a much clearer understanding of such ills when viewing them as organic, with consequent effect on physiology and the production of symptoms. Because, it is the so-called functional diseases that so often give the most marked and in many instances the most persistent interference with normal physiology. The conditions referred to are legion: to enumerate a few of them—headaches, neuralgias, indigestion of the nervous type, constipation, loss of appetite, cardiac palpitation, certain cases of asthma and hay fever, the neurasthenic states, and that ill-defined group of "nervousness." Many of these ills will be immediately recognized as merely symptomatic of gross organic disease that is easy of discovery; on the other hand, in probably more cases the organic factor never becomes openly manifest, or becomes full-blown only after the patient is damaged

Digitized by Google

beyond all hope of repair. In the first and in the last instance, although the diagnosis may be easy, much valuable time has been lost, unfortunately solely at the expense of the sufferer.

Where there is organic disease there must be an etiological factor; the one-time belief that diseases may arise de novo has become untenable. It is considered that the commonest offenders against normal physiology in the functional diseases are in their order of importance—intoxication, disordered habits, congenital lack of development or of tissue tone, and anatomical anomalies: in the majority of cases, the first three are usually combined. Of the intoxications, first comes syphilis, inherited or acquired, then tuberculosis, then hidden foci of infection, e. g., around the teeth or tonsils, and lastly autointoxication of intestinal origin. Syphilis plays a greater part in the production of disturbed physiology than any known agent. The writer views with growing interest the astonishing role played in human suffering by the poisons of this insidious and universal disease that is so protean in its activities among all grades of society. Tuberculosis is less often of a frank type, and is more than likely to be confined to the lymphatic system of the mediastinum or of the intestinal tract, the infection having been contracted in childhood or early youth; herein is to be seriously considered the transmission of bovine tuberculosis, in view of the increasing tendency or necessity for artificially feeding basis with modified cow's milk. Intestinal autointoxication, hidden foci of infection, and anatomical anomalies such as are common to the eyes and to the pelvis, are so well understood that it is only necessary here to mention their extreme importance in the present connection. The writer is being constantly impressed with the damage that is done by past or existing infection, that may be overlooked unless one is constantly on the alert.

Disordered habits include the use of alcohol, coffee, coca-cola, or of any other poison; here also is to be added constipation with autointoxication, produced by neglecting the calls of nature. Improper food, improperly prepared, and taken at improper times and in improper

Digitized by Google

amounts or proportions, is prolific of much abnormal physiology. In this same classification come all forms of excesses or dissipation. Here also must be considered the effects produced by inordinate emotions, usually of the depressive type; fears and sorrows; wounded vanity and morbid self-consciousness; overwork and excessive worry; disappointments when cherished ambitions fail. Modern civilization with its social and economic stress exacts its heavy toll, principally by reason of neglect of the basic rules of mental and physical hygiene. Suggestion is an important factor, operating through defective education under adverse environment influences; pathological habit reactions in the psychic sphere become established and disease is produced through the resultant uncontrolled emotional equivalent. Among physiological psychologists the unity of the human being is now accepted without question: the mind and body are no longer spoken of as separate entities that may have a reciprocal influence, for they are an inseparable *one*. Each thought and its feeling tone or emotion has a physical or physiological representation, and the converse is equally true when the latter is pathologic, an indelible impress being left in each instance. Aberrant emotion long maintained, denotes disordered physiology and the latter must of needs be organic in the sense of structural, chemical or electrical change; overstimulation and fatigue are the logical sequence; and the pathology of fatigue has been nicely cleared up in the past few years. Moreover, such conditions if not rectified will surely result ultimately in actual tissue changes that are demonstrable by gross or microscopical pathological examination. Furthermore, disordered emotional expenditure inevitably leads to further disordered habits of life, and thus a vicious cycle of reaction habits is established.

Congenital lack of development or of tissue tone is evidenced in hysteria, primary neurasthenia, some of the psychoses, and in character abnormalities; here the higher constellations of the association centers are involved. It is furthermore seen in cases where there is a premature deterioration of certain tissues, indicated first by a functional disturbance, later to be classed as definite organic

Digitized by Google

disease. These are the individuals who are first to break under stress, demonstrating various degrees of lack of adaptability to their environment; they are the victims of circumstance or of "the sins of their fathers," which is fostered in their biological weakness. And after all, these crippled members of society represent a problem in eugenics rather than a strictly medical one; but it is the physician who has to struggle with them.

Another fertile source of the class of cases under consideration is a functional deviation of one or more glands of internal secretion, or, what is more likely, an imbalance involving the whole system of these glands. Further study in this field offers a golden opportunity for the astute clinician; a definite relationship is already recognized between the emotions, the vegetative nervous system and the endocrine glands; what is needed is further and more definite clinical correlation.

It is desired to repeat that most of the functional diseases are classed as nervous; and in too many instances that is taken as an easy way out of a difficult situation. Inasmuch as the nervous system is necessary for the dissemination of nearly all symptoms, there is too frequently a tendency to blame the nervous system as an *unreasonable* offender, when the pathology of the case appears hopelessly masked and the etiological factor is not plainly discernible. It is easy to understand why so many of these functional cases are constantly losing faith in their search for legitimate therapeutic relief and are ready to damn all doctors as a bunch of professional ignoramuses, when due consideration is given the fact that their pathology so frequently lies in those parts of the human organism that are least accessible to a cursory application of the special senses of an examining clinician, i. e., in the control and operating mechanisms of the psychic, the emotional, and the vegetative functions of the body.

It is felt that a pathology for functional diseases is established and that this is always on a definite etiological basis. Whether or not it is determined in the individual case rests with the acuity of the clinician: there must be absolutely discarded the only too prevalent idea that functional diseases represent some vague and ill-

Digitized by Google

defined perversion of physiology that exits without causation, unless it be perhaps innate "cussedness' on the part of the patient, that they represent no real changes in tissue economy, and are incapable of scientific management. Certainly no such case should be dismissed as hopeless or should be given merely symptomatic therapeusis, until every effort possible has been made to clarify the etiology and pathology by a detailed history and study of the individual, resort being made to all available and known methods of precision in diagnosis, with careful analysis of the findings. To label a case as *purely functional* is an admission of ignorance. There is an etiology, a pathogeny, and a pathology; their determination with the institution of rational treatment is the only basis upon which one can hope for success in contending with functional diseases.

In conclusion, it is desired to express a word of appreciation of the interest and suggestions of the writer's colleague, Dr. E. D. Bondurant.

Digitized by Google

THE ELEMENT OF PERSONAL GAIN AS A CAUSATIVE FACTOR IN THE PSYCHONEUROSES.

H. S. WARD, M. D., Birmingham.

Poor old Neuro, how one pities you! You are a puzzle to yourself, your friends, and your doctors. You were one of the problems of the world war. Literally, volumes have been written on "Shell Shock," "War Neuroses," "Defense Neuroses," etc. The psychoneuroses have been viewed from every apparent angle, but the end is not yet. I have no expectation of offering anything new upon a subject that is baffling the best minds of the present day. Even the wisest medical and religious sages of the past have offered explanations that did not explain. I am simply going to offer a few remarks, concerning the patients as they appear to me, from day to day, in my office and at the bedside.

One reads splendid articles in which every neurosis has a physical basis, as early tuberculosis, latent lues, endocrinopathies, hookworm, malaria, etc. Another treatise, in which every case is born potentially, a neurotic. Still another, in which it is a defense or an escape from some unpleasant or unbearable situation, and even some, base everything upon a sexual trauma in early life. These are all good copy and convincing to the reader—but when we come to actual every-day experience, no one of these satisfies. One cannot adhere to *the* single rule. Boosting up the potentiality alone will not cure. Psychoanalytic seances may be entertaining, but often disgust the patient or increases his discomfort. Removing foci of infection or feeding on glandular extracts are only simple aids. Change of environment, forced feeding, and all the glamor of a "rest cure" has come into disrepute because too literally carried out. Mental suggestions and hypnotism seem to have had their day. These, are some, of the many elements, that we must have at our command. Here I wish to make the plea, that every neurologist, of neces-

Digitized by Google

sity, *must* be an internist. The two cannot be separated, in practice, and do the patients justice.

One is often puzzled to differentiate the genuinely ill, who think they are nervous, from the genuinely nervous who think themselves ill. I have a patient, a brilliant attorney, who is very much afraid of his heredity. On two occasions he thought himself nervous when really ill, and was greatly relieved to know that he was really sick, and only temporarily nervous. The real neuro, on the other hand, usually has a minimum of illness and a maximum of nerves. These are unwilling to meet life's demands or face squarely the problems before them. They soothe themselves into gentle invalidism, then become most miserable, for fear they cannot escape.

There is no branch in medicine in which there are so many beautiful theories or so much literary dreaming as the literature upon the psychoneuroses, and so little concerning the real problem of the individual patient himself. To deal with him directly, one must view him at many angles.

First, his potentiality, which must include: Heredity—Place in family, an only child or the last of several children. Education—Has he always been shielded, or taught to rely upon himself? Has he been pampered and amused, or made to be resourceful? Has *duty* been the prime object in life—by teaching useful occupation—or has personal pleasure been the chief end? Has he been taught to be sufficient, in himself, to meet all emergencies

Second.—The physical state. Is the patient ill? Are there foci of infection, latent or early tuberculosis, a leutic taint somewhere, cardio-renal condition, disturbance of internal secretions, hook worms, malaria, etc.? Do not pass too lightly the physical condition nor yet too seriously.

Third.—The precipitating cause of the present attack—trauma, physical or emotional—love affair, sickness or death in the family, prolonged submission to unbearable environment, parental restraint, etc. Always some stress or strain.

Digitized by Google

Fourth.—The motive, the element of personal gain, the patient's viewpoint. The escape from some unpleasant situation or an unbearable environment; the desire for sympathy, influence, money consideration, filial obligation. These can only be obtained after a diligent search and the doctor has gained the patient's full confidence. Often the patient has never even acknowledged to himself, the often sordid element, of personal gain.

Fifth.—Environment. Anxious friends, sympathetic family, doctors and nurses inexperienced in the class of patients, to promises of emolument by shrewd attorneys, etc.

Now we have the problem in hand. What is the solution? First, correct all physical ailments possible. This is only an aid, but must not be omitted, or one is doomed to failure. The most enthusiastic believer in focal infection would not expect to cure a psychoneurosis by removing diseased tonsils or abscessed teeth alone. Neither can the "rest cure" and most careful psychotherapy take care of a patient suffering from depression, muscular pain, etc., caused by septic absorption. There is no single sovereign remedy. It must be all or nothing.

The element of personal gain must be taken care of. It must be granted, dismissed, or sublimated. The patient must not be left in what is to him an unbearable situation. There are many conditions in which it can be granted—traumatic neuroses—get a proper settlement. If environmental, where the individual feels that he is not getting a fair deal, change it. Sublimate it—"shell shock"—convince the soldier that it is his greatest desire and privilege to "go over the top.' If that cannot be done, which is often the case, place him at some other useful work in the army and convince him that he is just as useful there. The same thing applies in other walks of life. If it is a wife who wants to carry her point, convince her that a real, wholesome woman can gain much more influence over her husband than a complaining invalid. It can be dismissed, if it is in some one who feels that they are not getting a square deal, by changing the environment and giving them a new ambition.

Digitized by Google

When you have done all this, then you must have their full consent and co-operation, and train them back into wholesome living. Many of the psychoneuroses cannot be cured—but like chronic medical or surgical states, one can often make life bearable by using what is left and placing them in the most comfortable condition. One cannot manufacture brain, nor obtain new potentiality, but one should attempt to educate the talents present, strengthen the potentiality, and improve the environment. With it all, one must have the patient's full co-operation without any mental reservation. With all these, it takes time and patience.

I have treated many drug habitues. It is a useless and thankless task, unless they, without mental reservation, are willing to give up the pleasures of narcosis. Then the treatment is easy, and the cure usually permanent, when we get this full co-operation.

The long argument with nervous patients about submitting to treatment is really obtaining their personal consent to give up their present condition and assume the responsibility of being normal and taking their place in life, as demanded of them. When a patient, without mental reservation, says that he will undergo anything or do anything to get well, the real battle is won, provided, of course, the patient is curable.

A FEW CASE REPORTS.

Two farmer boys straining at the leash:

J. E. T., age 23. Complaint; Curious feelings in the head, impending danger, and fear that he has broken down his nervous system. Family history—Negative, except that he is the last of ten children. Typhoid fever, age 5. Present illness: Fell from a motorcycle four months ago. Only bruises. Pushed motorcycle up hill for two miles, reached home much exhausted; went to bed without supper. In the night, got out of bed, felt faint, heard bells ringing in his ears, became frightened, sent for doctor. Since then cannot sleep. Exhausted on slight exertion, curious feelings in head, and the fear of something awful going to happen. Physical examination—Negative, ex-

Digitized by Google

cept some focal infection in teeth and tonsils. Real secret—rebellion against home restraint. Still regarded and treated as a baby by parents. Personal gain—throw off home restraint, be his own man. Treatment: Remove foci of infection, but mainly throw off home restraint and let him be his own man. He has always been treated as a baby, and continues largely such. He should gradually be put upon his own resources. Perhaps placed in an agricultural school for a time, where he could learn modern methods, get interested in something and be away from home sympathy and coddling. It really takes years to make a man mentally, as well as physically.

J. L., age 27, farmer. Family history negative. Complaint, nervous breakdown. Brought up on a farm until one year before being called to the army. During that year worked in Birmingham as a collector. Was sent to France as a soldier, there a slight wound and "shell shock" just before the signing of the armistice. Sent to hospital, improved. Returned to America and mustered out a few months before I saw him. Brought to me to be sent back to Army Hospital for nervous breakdown. Physical examination—Strong, robust man. Definitely diseased tonsils and teeth. The element of personal gain—His father wanted him to look after the farm. The boy wanted to come to town and make his own living in his own way. When this secret was obtained, the patient no longer desired governmental aid.

Both of the above patients had never been taught to be resourceful and self-reliant; both were potentially neurotic, and both were feeling that they were not being permitted to develop into normal men.

Mrs. H., age 23, farmer's wife. Complaint, nervousness and nervous spells. Family history negative; married, age 19. One child, age 18 months. After marriage went to live on a farm far removed from all social surroundings. When child was one year old, began to have nervous rigors, which would last for hours. Seen by a doctor who found badly-infected tonsils. These were removed. Improved for a time, but attacks soon returned. Brought to me, mainly for the nervous rigors. The patient was a robust young woman. During an attack which

Digitized by Google

lasted for an hour or more, the tremor of the whole body was sufficient to shake the bed. Her teeth chattered and in all presented a pitiful picture. She was placed in the hospital, the anxious family sent home, and a promise for a home in more congenial surroundings. There were no more attacks and she left the hospital greatly improved in ten days. Of course, she should have remained in the hospital longer. She must have more congenial environment. Encouragement and education along the lines of self-control and the duties of a wife and mother.

Mrs. S., age 28. Complaint, convulsions. Family history negative, except patient is youngest of eight children. Married, age 18. Three children. All living. Present illness—Convulsions began 10 months ago, when youngest child was about six months old. Has never fallen or bitten tongue. Attacks last one and a half to two hours. Usually come on soon after supper, or may follow some unusual excitement. Between attacks she looks after the children and household affairs. Attacks may be precipitated by overwork, petty family disagreements, or any unusual excitement. Physical examination—Rather poorly nourished. Diseased tonsils, tired and dejected appearance. I saw her in one of her seizures, which had appeared on schedule time, for me, at the hotel. It was typically functional. This little woman had had a hard life, and felt imposed upon. She had always been treated as a baby. She had narrow views, socially and religiously. She had had no freedom of thought or action, being the youngest of eight children. The husband, a man of rather broader gauge, could humor her, in a way, but was not able to educate her as his co-equal partner. Co-equality in partnership was her secret longing. Treatment—Removal of foci of infection, rest and an association with some one who could broaden her views. Decrease her drudgery, give some time for recreation, reading, and social intercourse, and religious affairs.

DISCUSSIONS OF PAPERS OF DRS. SLEDGE AND WARD.

B. L. Wyman, M. D., Birmingham: *Mr. President and Gentlemen of the Association:* I am sure we have

Digitized by Google

all been intensely interested in these two very valuable papers. Both gentlemen have struck the keynote when they refer to the importance of a careful study of each neurotic patient. I have been more and more convinced of the importance of an accurate physical examination in advance in all these cases, in the hope of finding some physical cause.

We have been accustomed to speak of them as neurasthenics. Many are born neurasthenics. They are what the army calls "constitutionally inferior." I have recently had a good deal of experience with the discharged soldier, and have been doing a good deal of work in con nection with the War Rick Bureau. Many are sent to Bir mingham for examination. They are suffering from various psychoses, and in many instances I find the patient is absolutely normal. There the question of personal gain comes in. Many come in reported to be suffering from shell shock. The war has been over nearly two years. I said, "You have had time to recover."

The papers have called our attention to the great importance of an accurate study of the physical condition of the patient as to the causes which have brought this about. If the patient is a woman, you find frequently some condition of the uterus which may account for the nervous state. I can recall a number of cases I had to refer to the surgeon. Our surgeons are prone to operate with a hope of relieving the neurotic condition.

Dr. Ward struck the keynote when he said it is of importance to find the home surroundings of the patient and determine whether the environment has been the cause.

When we come to study a neurasthenic from the textbook, we find it is a subject that is very confusing. Formerly the systemic writers undertook to give us an arbitrary classification. They described a cerebral, a spinal or cardiac neurasthenic, and where it is absolutely impossible for one part of the nervous system to be affected and not affect other parts.

I feel very much gratified to have heard these papers. I was greatly interested, and know you all were.

Digitized by Google

THE INTERPRETATION OF THORACIC PAIN.

CABOT LULL, M. D., Birmingham.

Though the subject of this discussion may appear somewhat elementary for an audience such as this, the writer believes its introduction is justified by certain present-day tendencies.

In the haste often manifested by both patient and doctor to arrive at a diagnosis we are disposed to rush him through a most superficial physical examination, supplemented by a few routine laboratory procedures to the X-ray room, where we expect to get forthwith a photograph of his ailment.

Far be it from me, for one moment, to disparage those wonderful diagnostic accessories, the clinical and X-ray laboratories, furnishing to us, often daily, diagnoses "while you wait!" I desire only to insist that they, like all our methods, objective and subjective, have their limitations.

Though they may tell the "truth" and at times "nothing but the truth," they do not "tell the whole truth." There is often a temptation, when we find nothing grossly pathological in these examinations to pay scant heed to the subjective evidence and dismiss the patient with the comforting reassurance of "no organic disease present."

Now it happens that we rarely have the good fortune to discover our own mistakes in later observations, but more often they are recognized by others who properly evaluate the subjective symptoms of which the sufferer continues to complain.

Of course, the anamensis, the patients story, possesses a value directly proportionate to the intelligence of the person giving it and of the doctor interpreting it.

In many conditions when clearly and precisely given and accurately recorded it furnishes more dependable data than is revealed by all objective methods. Furthermore, it is often, of necessity, the main reliance of the

Digitized by Google

doctor in the country and the shrewd deductions from this evidence sometimes made by him should furnish food for thought to his city confrere, surrounded by his instruments of precision.

Pain is said to be, at one time or another, a symptom in ninety per cent. of all diseases. Nature has so designed the human machine that a large proportion of all insults from without or abuses from within are resented by painful sensations.

A satisfactory definition of pain is most difficult since both physical and psychical factors are concerned in its production.

Of the greatest practical importance to the physician is the purely personal equation, for since sensation plays the major part and there must be "a receptive, a conducting and a perceptive organ" there exists the widest variation in pain sensibility and expression in different individuals and in the same individual in different mental and bodily states.

Since then we have no accurate measure of pain, if we are to profit by the study of this symptom, we must consider the particular individual, the nervous mechanism common to all and bring to bear upon each problem a broad comprehension of disease processes. Obviously of first importance is a knowledge of the nerve supply of the part of the body under consideration. The thorax receives its innervation from the lower cervical and the dorsal spinal nerves.

According to some observers, notably Head, there are certain more or less definite areas of pain and tenderness on the thoracic wall to which pain sensations from underlying viscera are referred through the visceral sympathetic nerves by way of the spinal cord centers.

Whether we believe, with Mackenzie, that the viscera do not actually originate pain impulses, but only excite them reflexly, or whether we incline to the view of definite visceral pain though interpreted as coming from sensory endings in the thoracic wall, there remains the sense of reality of pain in the mind of the victim.

Then, too, there is in the minds of medical men the constant association of pain arising from certain diseased

Digitized by Google

organs or structures localizing in certain areas on the chest wall. Such pains are designated topographically by their relations to fixed landmarks such as for example: clavicular, mammary, sternal or axillary. Only a few of the commoner types will be discussed.

We are not likely to be misled by pains in the chest arising in the course of acute diseases, especially such as are accompanied by fever. These usually challenge immediate attention.

Pains of equally great intensity may persist for weeks or months in the chest, of a busy, robust man without causing more than casual comment.

In the consideration of pain in general, but more especially in persistent thoracic pain, it is of prime importance that we note carefully the patient's own words and that we elicit further definite information by judicious questioning. The character, duration, localization, possible causation and recurrence are to be particularly inquired into and special stress laid upon the relation to digestion, bodily movements and emotional states.

As to diseases affecting the chest wall itself, it should be said that in the writer's opinion the terms neuralgia (intercostal), myalgia and neuritis should no longer serve as a cloak for our ignorance of the causes of chest pains.

Likewise, "rheumatism" and myositis, now largely explained by focal infection, are doomed as clinical entities. Parenthetically it might be suggested here that having disposed of teeth and tonsils there are other non-surgical focal possibilities between the pharynx and the diaphragm.

Other conditions producing pain on the chest wall, such as trauma or muscle strain, syphilis, tuberculosis or new growths of bone or soft parts offer small diagnostic difficulty.

Herpes Zoster is at times puzzling, as are also spinal root pains of organic nervous diseases, but relatively these are rare.

The vast majority of thoracic pains arising from other causes may, in my opinion, be explained by disease of intrathoracic or intra-abdominal structures. Abdominal

Digitized by Google

pain has been thoroughly advertised, for "it pays to advertise."

Many treatises, and not a few books, have been written by our surgical brethren and the education of the profession as to the possibilities and the public as to the dangers of abdominal pain must ever redound to their credit.

The surgical slogan is "when you think abdominal pain, think appendix."

Now, unfortunately, the problem is not so simple, owing to the complex, interrelated nerve supply of the thoracic and abdominal walls, a right-sided pleurisy may give a perfect imitation of an acute appendix, as many excellent surgeons can bear witness.

On the other hand, pain above the diaphragm is very commonly due to disease of organs below it, and our attempts to interpret such pains are made more difficult by the frequent association of gastro-intestinal symtoms, such as vomiting, with lesions of the thoracic organs.

The apparatus for transmitting pain may here be likened to a fire alarm system which announces a fire within a certain zone, but which cannot give even the box number from which the signal is sent.

Much has been said recently of the injustice done that once large group of people called neurasthenics, in whom we have overlooked latent syphilis, tuberculosis and heart disease and, thanks to such teaching, we have become keener in our search for these conditions. If we would only change our attitude toward another group of patients, viz: those having attacks of pain in the chest with gastro-intestinal symptoms, so that instead of thinking always of function disturbances, we would think of possible organic disease, we might be spurred on to more careful investigation.

The result would be the prolongation of some useful lives and a consequent reduction in the number of newspaper obituary notices bearing the legend "acute indigestion."

Of all pains of the thorax those appearing to be under the sternum or in the praecordia very properly give the most concern.

Digitized by Google

Although it is admitted that purely functional digestive disorders *may* cause these pains, it must be insisted that *sometimes* this guess is wrong and angina, aneurysm or aortitis is present. Is it not true that to many of us, having fixed in our minds the textbook picture of an anginal seizure, it does not seem possible that the pain can be anything less than agonizing, or radiate anywhere except down the left arm? As a matter of fact the pains in this condition vary from slight, temporary discomfort on up the scale to the overwhelming, even agonal kind. The radiation follows no fixed path and may appear to be from the seat of origin in the substernal or praecordial region to any part of the body, at least from the orbit to the testicle.

There are other less common causes of retrosternal and praecordial pain such as pericardial, pleural and mediastinal diseases but these, though generally unsuspected for varying periods, gradually by persistence of pain and other symptoms, demand physical radiographic examination.

In general pains in other parts of the thorax and especially those in the upper portion, due to early pleural involvement in pulmonary tuberculosis would not be so commonly neglected if we would think less often of intercostal neuralgia and more of pleurisy.

In this connection it should perhaps be suggested that the pains below and between the scapulae so universally believed to be referred from a diseased stomach or gall bladder may actually be of pleural origin.

Not only in the tabetic crises but in a variety of other ways, syphilis may cause thoracic pain as in the case of A. M. S., a white farmer, whose chief complaint was pain of a severe, even at times excruciating, character which seemed to originate on the right chest wall near the angles of the ninth and tenth ribs and radiate down the inner (flexor) aspect of the right arm as far as the thumb.

The most striking findings in this case were a greatly hypertrophied heart with aortitis and a strongly positive Wassermann reaction on both blood and spinal fluid.

Though definite proof of the relation of vague pains in the region of the heart to myocardial disease, is still lack-

Digitized by Google

ing, it is the writer's belief that they may have such an origin.

Hearts with valvular defects when fully compensated are believed to give rise to no pain but it seems to me not at all unreasonable, by analogy, to assume that sometimes the protest of a tired heart masculature is expressed in pain. In some such way might be explained not only many heartaches but some of the pseudo-anginal or anginoid attacks which, in the absence of demonstrable sclerotic change, are ascribed to vasomotor or other quite as vague nervous manifestations.

It is certain that a great deal remains to be learned about the very complex nerve supply of the viscera and hence about the question of pain in diseases affecting them. But while the greatest promise of solution of such problems may lie in the experimental laboratory, the final tests are to be made and the application of all knowledge carried out in the body of the sick man. No amount of refinement of objective methods can ever replace the subjective study of the individual.

In conclusion, the points to be emphasized are:

(1) The value of an accurate description of the patient's complaint.

(2) The necessity of realizing that all chest pains do not mean trivial disorders, but may be caused by gross anatomic lesions in thoracic or abdominal organs, which may be readily demonstrable by present methods.

(3) The suggestion that persistent chest pain may mean serious organic disease though not demonstrable by any means now employed.

DISCUSSIONS.

Edward S. Sledge, M. D., Mobile: I have enjoyed listening to this paper, and I think the essayist has certainly "hit the nail on the head" with reference to indicating to us our proper attitude toward conditions whose principal subjective symptom is pain. I think it is always well in these cases to stop and think what pain is. Most of us are too prone to accept pain as meaning nothing more than something of which the patient complains, without

Digitized by Google

any real consideration of what has gone wrong in that patient's economy. Of course we do know pain is "the conscious appreciation of stimuli applied to one particular kind of nerve fibres"—the sensory nerve fibres designated by Nature to take care of this particular function. We must also realize that stimuli going up or down the nerve are very similar to the changes that take place in the passage of an electric current. They bring us to a realization that pain can begin at either end—at the sensory nerve ending in the organ, or in the part of the patient's economy which is by nature endowed with the power to produce a conscious appreciation of a stimulus.

So we want to bear in mind it is possible in every case that the pain is either the result of some organic disease in the end organs, or there is certainly such a thing as purely psychic pain. I guess it is the minority, but there is unquestionably a condition known as psychic pain, but it is absolutely essential to rule out organic pain before a man is justiafible in diagnosing it as psychic pain. The psychic will call for a different line of treatment than the organic.

These diagnoses must include every means possible for the determination of organic disease. We must study our patient's individuality to the last detail; and then on the other hand we must bear in mind in a certain class of individuals the pain of which they complain is only another example of the individual's inherent dishonesty, of which he is not cognizant himself.

Get right back to Dr. Ward's proposition of the motive. It is unquestionably true sometimes the only manifestation you have is pain, which is similar to the one case he spoke of. I think it is well to bear in mind it is not always a question of thorough examination of your patient, but you must study his morality, if I may call it so.

A. L. Norse, M. D., Annston: I think our discussion of pain brings to me the thought it does to many of the others present. We are apt to overlook the majesty of pain—Nature's greatest safeguard. When we are summoned to our case, we are too apt to think of which one

Digitized by Google

of the several alkaloids we are going to use to drown it, before we follow out along the line suggested by the paper and make a careful analysis of the cause of the pain.

It is true most of us have learned that we want to make a diagnosis in appendicitis before we use an opiate, but I believe there is still a tendency on the part of some of us today to think the first thing is to overcome that pain, realizing if we don't overcome it on the instantaneous plan, Dr. Somebodyelse around the corner will.

H. B. Searcy, M. D., Tuscaloosa: Several have demonstrated the irritation from sphenoid and ethmoid and other foci of infection are sympathetic, and easily demonstrated by a little cocaine applied over it, and immediate relief of all these pains.

Dr. Lull (closing): If any of the surgeons wish to say anything about those cases they have opened up, I have nothing further to say.

Digitized by Google

EDUCATING THE PATIENT IN THE TREATMENT OF GASTRO-INTESTINAL DISEASES

SEALE HARRIS, M. D., Birmingham.

Dr. Weir Mitchell, in his admirable little book, "Doctor and Patient,"* relates that one of his patients asked him how a case like his would have been treated a hundred years ago, and in the preceding centuries. This query caused Dr. Mitchell to become interested in looking up old literature on the management of nervous diseases. He found that in 1551, Cardan, the great Italian physician, went into minute detail in giving directions regarding diet, exercises, baths, etc., to John Hamilton, Archbishop of St. Andrew's, Scotland.

Dr. Mitchell dug up a number of references regarding Sydenham's methods in the seventeenth century. Sydenham taught his patients the daily routine which they must follow in order to regain health. Dr. Mitchell said of Sydenham: "He tells of a friend who had been much dosed for dyspepsia, and how he bade him ride, and abandon drugs, and how after a thousand miles of such riding he regained health and vigor." "A gouty man must be moderate, not too abstinent, so as to get weak. One meat is best," etc. Sydenham advised "total abstinence from wine and fermented liquors, early hours and early rising. Then there comes wise words as to worry and overwork." Dr. Mitchell's approval of Sydenham's method is as follows: "I would rather have trusted him, with all his queer theories than many a man with the ampler resources of today." Dr. Mitchell also discussed the methods of Rush, who gave explicit written directions to his patients, and he quotes a letter from him written in 1789 which shows that he felt that teaching his patients how to live is an important consideration in the practice of medicine.

Dr. Mitchell's conclusions regarding the methods of treating disease by the most celebrated men of the past is worth remembering. He said: "It would, I think, be

* "Doctor and Patient," 1887, J. B. Lippincott Company.

Digitized by Google

found that the best men of every time were most apt to consider with care the general habits of their patients as to exercise and diet and to rely less than others on mere use of drugs."

THE DOCTOR AS A TEACHER.

In order to regulate the lives of patients it is necessary to point out to them their hygienic faults and to teach them the principles of physiologic living. This is particularly important in the treatment of digestive diseases, because a very large proportion of the persons who consult physicians for relief of symptoms referable to the gastro-intestinal tract, are ill because they have not been living hygienic lives. This is not surprising when it is remembered that the science and practice of personal hygiene is taught in but few of our schools and colleges. In some of the high schools and smaller colleges, a perfunctory course in physiology is given, but the average college graduate is as ignorant regarding the care of his body as is the illiterate laborer. This is more than passing strange, because many of the failures in life among all classes of men and women are due to diseases that result from improper living.

In taking case histories for the past fifteen years, during which time practically all my work has been given over to the treatment of chronic abdominal diseases, I have learned that it is most important to find the particular errors in the life of the patient that were responsible for the symptoms which caused him to consult a physician. "The cardinal principle in the treatment of disease is to find the cause and remove it." Often the only way to remove the cause is to educate the patient regarding the particular things which he should know to get relief from, and to prevent recurrence of, his symptoms. I have come to regard a patient as a teacher looks upon a pupil, and my best results in practice have been among patients whom I have taught how to live.

THOROUGH EXAMINATIONS ESSENTIAL.

The chronic sufferer with digestive disease gets but little sympathy, and less attention from many physicians. The "dyspeptic" goes to a careless doctor, and there are

Digitized by Google

some such in every community, who asks a few questions, looks at the patient's tongue, feels his pulse, and writes a prescription, or gives him medicine which does not relieve the symptoms. The patient then goes to other such doctors, and finally lands in the hands of the osteopaths, chiropractics, or other quacks who by suggestion (psychotherapy) often cure where busy physicians have failed. There is no question but that our careless slipshod methods, and our unsympathetic attitude towards patients whom we think are not seriously ill, or who are what we call "hyped," are responsible for the fact that every advertising charlatan in the country has an office full of patients, from whom he extracts fat fees. It should also be realized by the medical profession that some quacks, as we call them, often know more of human nature and psychotherapy than many ethical doctors. Medical quackery and cults, like christian science, will cease to exist when well-trained physicians take time to examine their patients thoroughly and then educate them to live rational,hygienic lives.

A thorough examination, and an accurate diagnosis, are essential in the treatment of chronic abdominal diseases. Indeed, the first step in the education of a patient is to be able to inform him exactly what his trouble is, of what brought on the symptoms, and of what he must do to secure relief. The pupil will not learn from the teacher whom he thinks does not know the subject he is teaching: and the patient will not have confidence in the physician who has not made a careful examination, and who does not speak with the authority of one who has been well-trained in modern medicine.

It is in the functional disorders of digestion that educating the patient is the most potent form of therapy; and properly applied it may make the use of medicines unnecessary. The physician in dealing with such cases should be as careful in his diagnostic methods as if he were sure of an organic lesion. I do not mean that all the "frills and furbelows" of modern technic in diagnosis should be used simply to impress the patient; but it is right and proper to be thorough in the study of the neurotic individual, because there is frequently an organic

Digitized by Google

basis for the gastric and intestinal neurosis which will be overlooked if the physician has not the habit of painstaking accuracy in his work. Besides, if the sufferer from functional disorders is shown that every effort has been made to find the disease that he fears is the cause of his symptoms, he will be convinced when told that he has not a serious trouble and that he can be relieved by regulating his life.

IMPORTANCE OF THE ANAMENSIS.

In studying digestive cases it is most important to get the facts regarding the habits of the patients, because it is irrational living, usually from the lack of knowledge regarding personal hygiene, that brings on the symptoms with which the patient suffers. I, therefore, have a series of questions that are asked every patient. They are as follows:

1. Are you a large, small or medium eater?
2. What articles of food disagree?
3. Do you eat rapidly? Do you masticate your food thoroughly?
4. How many times a day do you eat meats? What kinds of meat do you eat and the sizes of the portions?
5. How much sugar and other sweets do you ingest a day?
6. Do you drink (1) coffee; (2) tea; (3) coca-cola; or (4) other caffeine beverages? If so, how many cups or glasses of each per day?
7. Do you drink alcoholic beverages? If so, in what form and how much is your daily average? Did you ever drink to excess?
8. How much water do you drink a day? How much with meals?
9. What is the condition of your bowels (regular, irregular, constipated, or diarrhœa)? What purgatives have you taken?
10. How many hours sleep do you average a night? When does your work begin and end? How many hours a day do you work? Character of work?
11. Are your teeth in good condition? How many times a day do you brush them? How often do you have the dentist clean them?

Digitized by Google

12. Special inquiry regarding nasal and throat infections.

13. How much exercise do you take each day, and in what form?

14. Do you use tobacco? If so, in what form and how much is your daily average?

15. What is your average weight? Present weight? Height?

16. Are you nervous? If so, how is it manifested? Do you worry?

After learning the particular errors in living that are probably responsible for the symptoms, the patient is given lessons on personal hygiene as applied to his particular case.

It often happens that a history is elicited of 5 or 6 cups of coffee, or tea, a day, or he has the coca-cola habit, then the patient is taught the physiological effects of caffeine, and how he is being injured by it. It may be that the patient is trying to live with 5 or 6 hours sleep a night, or that he is working 12 or 15 hours a day. When he is taught that the toxins of fatigue depress the nervous centers and that various symptoms may follow overwork, he will be willing to quit dissipating in business, or pleasure. The excessive use of tobacco upsets digestion more than most of us realize, and the doctor should first seek to inform himself regarding the recent investigations on the effects of smoking, and then he should teach his patient the truth about tobacco.

A common fault among people is insufficient mastication. The rapid eater should be told that he cannot expect to have good digestion, and that he does not know the joy of eating when he bolts his food. If he is taught that it is necessary to chew food until it is reduced to fine particles so that it may be acted upon by the digestive juices; and that the thorough mixing of saliva with food is a most important step in digestion, he will take time for thorough mastication. If the patient admits worry, or the physician suspects that this or other of the baser emotions is partly or wholly responsible for the symptoms he, or she as it more frequently happens, should be taught how to substitute pleasant thoughts for the insistent and

Digitized by Google

disagreeable emotions that are interfering with his or her health and happiness.

If there are evidences of oral sepsis, or of focal infection in the mouth, nose or throat, the patient is referred to a dentist or to a nose and throat specialist for treatment and instruction.

TEACHING THE PATIENT WHAT TO EAT.

The quality and quantity of food that the patient eats, as well as the methods of its preparation, should be gone into in detail. Very few people have any more idea of what they should eat or how it should be prepared than the ignorant cook who selects, prepares and serves our food.

How many doctors are there who know how to select a balanced meal from a hotel or dining-car menu? Judging from the way that many of the most celebrated men in medicine and surgery consume heavy meats and other proteins, and how they gorge themselves up with fats and greasy food, not to mention the quantities of sweets, which they take in three times a day, the medical profession needs education on diet and nutrition.

The most important facts about the food we eat and of how much of proteins, fats and carbohydrates is needed for daily nutrition should be taught to every patient. Persons, even if they have only a "common school" education" can be taught to estimate, by calories, the food values of the ordinary portions of food as generally served; and they can learn how to balance their meals so that they will get approximately the right amount of proteins, fats, and carbohydrates with each meal. They should also be taught the importance of eating the green vegetables and other bulky foods, and should be given some of the known facts about vitamins and the fat and water soluble products that MacCollum has demonstrated are necessary for perfect nutrition.

PHYSICAL EXERCISES.

The lack of physical exercises is a cause of many of the ills that come to men and women. The physician should find out as nearly as he can how much muscular effort the

Digitized by Google

patient makes each day. A few persons take too much exercise, and they should be taught the importance of rest. It should be remembered that what is too much exercise for one is too little for another. For instance, if a delicate woman should attempt to take the exercise that a strong man needs, who consumes an excess of food, she would break down completely. With the asthenic class of patients it is often advisable for them to rest in bed for 2 or 3 weeks before beginning exercise. The doctor should teach the patient the exercises which at the beginning of treatment can be taken without fatigue, and other lessons for developing the muscular system should be given as the patient improves. In many cases of atony of the stomach and intestines, associated with relaxed abdominal muscles, a great deal may be accomplished by teaching the patient the special exercises indicated.

Patients with digestive diseases, who get too little exercise, should be taught a system which brings into use every voluntary muscle of the body. A modification of the military "setting-up" exercises, which may be taken without apparatus in any room by an open window, should be taken for 10 or 15 minutes by the majority of normal men and women. The majority of people do not know how to take exercises, nor do they realize their importance and as our patients are restored to health, the physician or one of his assistants should instruct them regarding methods of keeping in health so that they will not have recurrences of their illnesses which caused them to seek medical advice.

CURING CONSTIPATION BY EDUCATING THE PATIENT.

The rational treatment of constipation consists largely in educating the patient. All the purgatives in the drug stores will not cure constipation. Some of them may help a little but the condition is relieved permanently only by teaching the patient some of the facts regarding the physiology of defacation. The patient usually will cure himself when he learns that the bowels act normally because once, or several times a day there is a sufficient amount of the waste products of digestion, fluid and gas, to distend the sigmoid flexure of the colon enough to cause

Digitized by Google

an impulse to be sent from the nerve terminals in the intestinal wall to the defecation center in the spinal cord, and from there notice is sent to the brain that the sewer needs emptying. The patient should learn that the defecation center is very sensitive and if its warning are not heeded, it soon will cease to send them and one has to resort to irritating laxatives and purgatives in order to arouse that stupid relay nervous station in the spinal cord. It should be stressed that a person should arrange his life so that he can have a movement of the bowels whenever the desire is felt. Much, however, may be done to train the defecation center to send the impulse to the brain at regular hours every day.

As a part of the treatment of constipation the patient is taught that meats and other animal proteins leave but little residue after digestion, and that a diet in which there is plenty of fruits and vegetables, is indicated because they provide sufficient bulk in the intestinal contents. An anti-constipation diet should be prescribed and the patient shown why it is necessary to eat or to avoid certain foods. Of course, it is necessary for the patient to take sufficient water to keep enough fluids in the intestinal tract to facilitate the free passage of food through the thirty feet of intestines. The patient with constipation should also be taught that abdominal as well as general exercises are an imporant adjunct in curing constipation.

INSTRUCTIONS IN ULCER CASES.

The patient has a right to exact information regarding the nature of his illness; and, knowing the diagnosis, he will be very apt to co-operate with his physician. For instance, after getting a history suggestive of ulcer, occult blood is found in the patient's feces, and the X-ray shows filling defects in the pyloric end of the stomach or in the duodenum, a diagnosis of ulcer is made. When these facts are made known to the patient he is in a recipient frame of mind for instructions; and he will carry them out to the letter. In such a case the patient should be taught in simple language just what an ulcer of the stomach is, including its etiology and pathology, and the complications that may occur if he neglects treatment. He is then taught the diet in gastric ulcer and why each arti-

Digitized by Google

cle of food is given. As he improves he is taught the quality and quantity of food that an ulcer case should eat for a year after a cure has been effected. The patient also should be informed of the nature of the medicines used in his case, of the indications for their use and their effects.

TEACHING THE DIABETIC.

Educating the patient is the most important part of the treatment in diabetics. Brilliant results may be obtained when the diabetic is informed regarding food values and of what he should eat to live within his carbohydrate tolerance. He should be taught to examine his own urine, because when he himself finds sugar present after his urine has been free from it for sometime, he will know when to reduce or leave off his carbohydrates. The Allen treatment of diabetes is a great advance in medicine. It does not, as a rule, immediately raise the patient's carbohydrate tolerance to the normal, but a cure is effected only by prolonged dieting after the starvation period. Joslin has written a book on "What the Patient Should Know About Diabetes," which may be studied to great advantage by the diabetic.

TEXT BOOKS FOR THE PATIENT.

The physician who undertakes to teach his patients should inform them what text books can be used to advantage as a part of the treatment. There are a number of books that have been written by physicians for lay readers which are expressed in non-technical language that are helpful to many patients. In my opinion the best of these is "How to Live" by Fisher and Fisk, of the Life Extension Institute, and I have had many of my patients use it as a text book, assigning one or more chapters for them to read each day until they have learned the facts applicable to their condition.

To the worrying patient the little book by Walton entitled, "Why Worry," will prove helpful. "Self Helps for Nervous Women," by the younger Mitchell may be read and re-read with benefit by neurotic women. Weir Mitchell's "Doctor and Patient" gives the layman a viewpoint that is helpful in getting his co-operation.

Digitized by Google

"Religion and Medicine" which was used as a text book as a part of the "Emanuel" movement to offset the growth of the Christian Science Church at the expense of other denominations, is an excellent book on psychotherapy which may teach intelligent men or women, particularly those who are religiously inclined, many facts that every person should know. To the business man whose efficiency is impaired by disturbances of the digestive organs due to unhygienic living, Gulick's book on "The Efficient Life" may be very helpful. The person who bolts his food should read Fletcher's "A. B. C. of Digestion."

There are many such books, none of them perfect, but some of them good, which the doctor may prescribe for his patients. It has been my custom to have the drug stores near my offices keep on hand a few copies of the books which patients may read with benefit and as they are indicated. I write the name of the book on a prescription blank and let the patient understand that the careful and conscientious study of it is a part of the treatment as much as the medicines that are prescribed.

PERSONAL INSTRUCTION APPRECIATED.

It takes time to educate the patient regarding the facts that he should know of the physiology, pathology, diet, nutrition, and general personal hygiene, that are applicable to his case; but hours spent in that endeavor will bring wonderful results in making permanent cures in gastro-intestinal cases. "A little learning is a dangerous thing" may be urged by the physician who has not tried the method, but there is no likelihood of the patient's trying to prescribe his treatment for his friends because he is taught that a thorough examination is essential before any person can prescribe intelligent treatment.

Of course, a gastro-enterologist cannot give a full course on personal hygiene to each of his patients, but it is his duty to teach them the important facts regarding the functions of the stomach and intestines which have a bearing on each particular case. He can save by making short talks to groups of patients and his assistants can help by teaching the exercises and the idea as indicated.

There is no longer any mystery about medicine, and the thinking patient of today wants to know the truth about

Digitized by Google

himself. He also wants to know the effects of the medicine which he takes and of what he can do to co-operate with the doctor. In other words, he goes to the doctor not only for treatment but as a seeker of knowledge that he considers is of great importance to him. It is the doctor's duty to take the patient into his confidence. By doing so he enlists his assistance in bringing about a cure and he receives his everlasting gratitude for thorough and painstaking work.

The President: One of the great things in medicine is to know how to handle our patients and teach them how to live. This is a very important subject and I hope it will be widely discussed.

A. L. Nourse, M. D., Anniston: It seems like there ought to be a few general practitioners interested in it. I was impressed with the idea the doctor suggested about the carelessness with which most of these chronic stomach stroubles are examined, and consequently so many drift into the hands of advertising quacks. We are inclined to depend too much on medicine. I am not a pessimist. I believe in drugs. I think, properly applied, medicine helps even in chronic stomach trouble. Once in a while I believe you can handle a patient like the doctor suggests, but it takes a lot of tact and common sense; but if a doctor hasn't a lot of that, he should quit practicing anyhow. You must manage a patient and not depend too much on drugs in these chronic ailments.

I had a case two months ago of a mother of six children. She had been ailing a long time. She had not been able to digest anything and had constant pains located in the lower area about the pyloric orifice of the stomach. I did not give test meals or anything of that kind. Her husband did not feel like he could afford to take her to a specialist. She could not go to a hospital. I tried drugs a while and did not do her much good. She did not retain hardly anything, but vomited almost immediately after taking nourishment. I thought may be I had better get a doctor who knew something about the stomach. I thought she might have gall bladder trouble. There was a jaundiced condition about the coat of the eye. She was con-

Digitized by Google

stipated, and enemas did not affect her bowels. I called in a good doctor as consultant. He was in doubt as to whether it was the stomach or gall bladder.

After a while I stopped drugs. I suggested that she lie in bed and take no drugs at all. We put her on olive oil. That womam got perfectly well and keeps well by taking one dose of olive oil a day. (Applause.)

E. S. Sledge, M. D., Mobile: I enjoyed listening to the paper. I think there is no question of the vital importance of the proposition he put to us. In my opinion, it is the thing that has become more and more the function of the doctor each day to apply his energies to the patient along educational lines in one of two ways. First, in education during the formative period of the patient's life in assisting the family in properly educating these people. The great trouble is in the primary education. But now and then I find some of these patients have learned properly, but later on they get so busy with other matters they cease to follow out the precepts, because they fail to appreciate the importance of what they have learned. With them, it is a question of making them appreciate there are certain things more important than chasing the almighty dollar. In my mind, the work first popularized by DuBois is one of the best things for patients. I will be glad when "suggestion" and "psychic therapy" go into the waste basket, and we call it education or re-education.

Most of us can handle the digestive problems while we have the patient under our control. It is a question of teaching him to carry it on himself.

The President: I think Dr. Sledge's idea is to treat the patient, rather than the disease.

J. F. Yarborough, M. D., Columbia: Dr. Harris' paper was of peculiar interest to me because it is the keynote, in my opinion, of success. In the treatment of pellaga, if you do not educate the patient, you may as well let him die to begin with; otherwise, when he leaves the hospital he immediately goes back to pellagra. You must

Digitized by Google

change the mental idea of many of them. I am like Dr. Ward. I doubt if there is any such thing as a neurasthenic. You have a physical foundation for all disease, and I am glad I heard Dr. Harris' paper, because it is useless to undertake to treat these patients and keep them well unless you teach them how to live and how to think. When you have done that, you have done more for them than all the medicine you can give. If we knew more about diet and less about calomel and quinine, I think our patients would be much better off.

Dr. Harris (closing): The thing I wished to stress was the importance of thorough diagnosis. That is the first step in educating the patients. Get the confidence of the patient. Then teach the patient the principal things he needs to know. I think it is time the medical profession was taking up the question of educating the patient in a more thorough way, because it is being taken up by many outside the medical profession. Take the number of physical culture places springing up all over the country without any doctor with them at all, and the milk-cure cases over the country. There is an institution that is one of the largest institutions in this country, on that plan. That is the one at Battle Creek. The essence of the Battle Creek Sanitarium is the fact that they make the effort to take the patient into their confidence, and to make him follow the lines of diet and exercise and all those things. Don't misunderstand me as approving of Battle Creek, because I do not. It advertisers in the public press. They teach the people how to use their foods, which they have to buy for the rest of the time. Yet a lot of patients who go there are benefited by the treatment.

There are other similar institutions springing up in many places. I think we should take up the question seriously and educate our patients. The most important thing is to begin the education in the schools. I am glad to see it is beginning to be taken up in a serious way. The question of dietetics is taken up. The book, "How to Live" is used as a textbook in Yale and a number of other colleges.

Digitized by Google

THE RELATION OF INFLUENZA TO TUBERCULOSIS.

E. M. MASON, M. D., Birmingham.

When the 1918 epidemic of influenza was at its height, as well as during the recent outbreak, one frequently heard the prediction that an enormous increase in tuberculosis morbidity would follow. There can be no question but that a great number of *diagnoses* of tuberculosis did follow, diagnoses based on the persistence of certain post-influenzal findings which will be referred to later, but it now seems well established that the actual number of cases of tuberculosis bears no true relation to the number of such diagnoses. In other words, many incorrect diagnoses are to be accounted for.

It is no light matter to label a man as tuberculous. The object of this brief paper is to present some reasons why careful and prolonged study should be made of every patient with a history of recent influenza before such a diagnosis is either made or concurred in.

About one year ago, occasion arose to examine as a consultant nearly one thousand young, previously healthy men who had been classed as tuberculous. A full report of this study will be made elsewhere. For our present purpose it suffices to say that a considerable number of these patients had been classed as tuberculous on the strength of post-influential findings, and that by far the greater number of these proved free from tuberculous infection. In fact, many of them in the interval between their original diagnosis and our examination—an average time of about three months—had entirely recovered their health and were physically fit for full duty.

Our experience with this group of patients has been confirmed by later study of referred patients in private practice, and a review of recent literature further corroborates our findings, there being practical unanimity in reports from all parts of the country and, indeed, of the

Digitized by Google

world. Two rather striking reports are illustrating: Armstrong, at Framingham, Mass., where 12,000 of 17,000 persons had had medical examinations previous to the influenza outbreak, and where the follow-up methods were particularly good, found that there was no increase in the incidence of tuberculosis following the epidemic. Gram, Health Commissioner of Buffalo, in a report on the after-effects of the epidemic in that city, said, "One fact is definitely established. That is that we have nothing to fear from tuberculosis as a sequela to influenza in Buffalo. I do not consider eight cases with a definite diagnosis of tuberculosis more than we would ordinarily look for among 33,880 individuals."

Perhaps the most striking pathologic feature of a severe attack of influenza is the failure of the lung to return to normal within a reasonable length of time. To those who have seen a number of necropsies on influenza victims this fact is not surprising. The extensive bronchitis and peri-branchitis, the distended and often dilated smaller bronchi filled with purulent or fibrino-purulent exudate, the widely disseminated discrete or confluent broncho-pneumonia and the bloody or fibrinous pleural exudate present a striking feature, and one that readily accounts for the prolonged illness and the confusing clinical findings in such cases. Given a chronic, often recurrent bronchopneumonic process, lasting frequently for several months, the loss of weight and strength, the fever, the occasional sweats, the dry or productive cough often showing blood, the persistent rales heard over the lungs and even the radiographic pictures simulate to a marked degree a tuberculous process. It is the patient with these signs who runs the risk of being sent away to take "the cure."

What is the remedy? Persistent, painstaking study of these patients offers the only hope. Helpful points to bear in mind are:

General good health prior to the influenzal attack, with negative history as to tuberculosis or definite exposure thereto. Prolongation of the terminal symptoms of the illness, rather than the development of fresh symptoms.

Digitized by Google

Night sweats are not so prominent as in tuberculosis, though sweats may occur.

The general condition of the patient is, as a rule, better than one would expect in a tuberculous infection of corresponding stage.

Examination of the lungs usually shows the lower lobes are much more involved than the upper, and that the process is generally bilateral. Radiographs confirm this findings, but are of little help beyond that.

The final test, after all, and the one that so often is either neglected or improperly done, is the examination of the sputum for tubercle bacilli. One negative examination is of no value; three or six are more convincing, but one should not be satisfied with anything less than daily, careful sputum examinations, meanwhile studying the patient from every angle, until convinced that he is not tuberculous. The sputum of a tuberculous individual whose disease has advanced to the stage where signs as we have enumerated are encountered will certainly show tubercle bacilli at some time in the course of daily tests.

In the absence of tubercle bacilli from the sputum one should be extremely reluctant to make a positive diagnosis of tuberculosis in any patient who has recently gone through a severe attack of influenza.

SUMMARY.

The points I have tried to make are:

1st. Post-influenzal findings are frequently mistaken for tuberculosis.

2nd. Influenza does not predispose an individual to tuberculous infection.

3rd. Errors may be avoided by careful study of history, of physical findings and, especially, by careful and repeated examinations of the sputum.

The President: I think the paper is particularly timely and of particular interest to all of us, because we encounter patients who show a slight daily elevation of temperature, or an occasional elevation, with cough, and perhaps some loss of weight—the type of patient in whom

Digitized by Google

we very commonly suspect pulmonary tuberculosis. Sometimes this type presents radiological signs that cannot be distinguished from pulmonary tuberculosis. There are differences to be seen, but clinically they do simulate tuberculosis very closely. Yet experience has taught most of us that it is a condition following influenza and that most of these patients have not tuberculosis; and that in the past we have made a great many mistakes in making a diagnosis in these patients. Many have been sent west. I have seen a number of patients in whom the physical signs change remarkably in a very short space of time—a thing that would not have occurred in pulmonary tuberculosis.

Cabot Lull, M. D., Birmingham: I think Dr. Mason has given us a very excellent presentation of the subject, and as you suggest, very timely. One point occurred to me that might be emphasized, and that is when patients come to us presenting such symptoms as the doctor mentioned, we should not only be careful in examination of the chest, but we should be thorough in our examination of such cases.

I recall two patients recently that taught me a lesson. One seen in consultation with an excellent doctor seemed to have all the symptoms of influenza, but on careful examination of the blood, was found to be suffering with chronic malaria. It proved fatal. The patient died of malaria, not of influenza. He had never had influenza.

Another patient was seen recently following a definite attack of influenza in which other members of the family were affected; presented the symptoms of loss of weight, night sweats, afternoon temperature. No findings in the lungs and nothing on radiographic examination; no history to give us any inkling of what the patient was suffering from. Blood examination showed 4+ Wasserman.

These two cases emphasize to my mind the necessity of not only the examination to determine why the person complains, but of going over the case thoroughly and studying your patient as a whole instead of looking for the particular disease you think he might have.

Digitized by Google

W. G. Harrison, M. D., Birmingham: Concerning the loss of weight, I would like to mention an incident I witnessed recently in attending a meeting of life insurance directors at French Lick, Indiana. A good man presented a paper illustrated with something like a hundred radiographs to stress the fact that a larger number of cases of influenza were followed by tuberculosis than many people suspected. In the course of the discussion of his paper, several men questioned whether the findings of the radiograph really meant tuberculosis. The man who read the paper was taking his cue entirely from the interpretation of the radiographer, and quite a number of them differed in the interpretation of his findings. The discussion lasted about an hour. It ended in the humiliation of the man who had read the paper, because nobody accepted that as final.

Dr. Lyman Green, formerly Professor of Practice in the University of Minnesota, presented a paper on the so-called "soldiers' heart,' with reference to what clinically is called a neuro-vascular disease. He called it the "hanging drop heart." He had something like fifty pictures. He said: "You will see the pictures in the lungs of these cases correspond entirely and are very similar to the pictures of the lungs in the other cases. My cases had no tuberculosis so far as we know."

I think the men who interpret these pictures should be familiar with the pathology of the condition, and they should not assume because it is cloudy around the hilus, it is necessarily tuberculous.

The history of life insurance companies shows that the mortality the last four months of 1918, and the first two months of 1919, was higher than any similar period of life insurance history. Yet the mortality for the entire year of 1919 was far less than it ever had been before. In other words, it does seem like the epidemic of influenza guaranteed the life insurance companies for the entire succeeding twelve months against their usual mortality; and the death rate the last three months of 1919 from tuberculosis was less, in the experience of several large companies, than it ever had been for a similar period of time.

Digitized by Google

F. W. Wilkerson, M. D., Montgomery: Dr. Mason has not left any room to differ with him. I think the experience of everybody has been the same as his—there has been a smaller amount of tuberculosis following the influenza epidemic. I expected to see a wave of it, but I have been surprised.

I think one reason for the mistake in diagnosis is the fact the men fail to take into consideration that the signs of influenza are so frequently in the central or lower portion of the lungs, while in tuberculosis the apices are usually involved.

His paper recalled an influenza victim I saw. She gave a history of slight cold, a little fever. She did not even go to bed. She kept running temperature. The doctor went over her and found a marked lesion in the right lobe, the apices being clear. He made a diagnosis of tuberculosis. We decided to wait a few days. In ten days this was absolutely clear and her temperature gone, and she made an uneventful recovery. No doubt she was suffering from a post-influenzal condition. If you will bear in mind lesions may have identical signs, but if the involvement is only in the base, ninety-nine times out of a hundred it is not tuberculosis.

Dr. Mason (closing): I have nothing to add except to thank them for the discussion.

Digitized by Google

DIFFERENTIAL DIAGNOSIS BETWEEN BRONCHIECTASIS AND PULMONARY TUBERCULOSIS.

FRED WILKERSON, M. D., Montgomery.

Among the conditions frequently mistaken for pulmonary tuberculosis is that of bronchiectasis. This mistake is the cause of much unnecessary suffering and anguish on the part of patient and friends, to say nothing of the financial hardship he is often forced to undergo by reason of being sent to a different climate, or being forced to spend a long time in a sanitarium. oFr these reasons, in addition to that of accuracy, it is very important to differentiate between these conditions, as can usually be done. At the outset let it be stated that in certain forms of tuberculosis, dilatation of the bronchi in the affected region does occur. This paper does not deal with that, however, but only with bronchiectasis occurring in non-tubercular conditions.

Within the past year I have seen three cases of bronchiectasis previously diagnosed as tuberculosis, and it is not an infrequent occurrence for these cases to be sent to tuberculosis sanitariums. Care in the history-taking and examination of the patient will usually suffice to make the diagnosis clear, though in many cases there will have to be repeated examinations before it can be definitely established.

The etiology of the two diseases is very different. Tuberculosis is usually a primary infection, developing in people apparently healthy, or in others whose resistance has been lowered by some acute or chronic infection. In some instances, acute catarrhal conditions of the upper respiratory tract as measles, whooping cough, etc., may be followed by tuberculosis. The disease, as is well known is usually insidious in its onset. Bronchiectasis is a secondary affection, traceable to some preceding chronic disease of the bronchi, lungs or pleura. It is almost al-

Digitized by Google

ways chronic and, its evolution gradual, extending over a period of years. Norris and Landis classify its etiologic factors as intrinsic, or conditions acting directly through the bronchi, and extrinsic or causes external to the bronchi. The intrinsic factors are bronchitis, acute or chronic, and narrowing of the lumen of the bronchus as from a gumma, foreign body, or from pressure. Among the extrinsic causes are tuberculosis, syphilis, compression of the lung, pneumonia, fibrosis of the lung and inflammation of the pleura. So that "besides the disease of the bronchial walls the effect of increased intra-pulmonary pressure, the pressure of accumulated secretions within the bronchi, and various chronic affections involving the parenchyma of the lung, are also to be taken into consideration."

Both tuberculosis and bronchiectasis may be bilateral or unilateral, but in tuberculosis the involvement is usually most marked in the apical regions, while in bronchiectasis the pathology is in the central and lower portions of the lungs. This is a most important thing to be remembered in the differentiation. Physical signs of a cavity at the base, if the apex is clear, need cause no suspicions of tuberculosis, but at the apex, are almost certain to mean the latter disease. This is a fact not generally taken into consideration by the practitioner. In all the three cases previously mentioned the signs were marked in the bases, but clear in the apical regions. Had this point been borne in mind the diagnosis of tuberculosis would have not been made in either instance.

The general appearance of the bronchiectasis patient as contrasted with that of the sufferer from tuberculosis is one of comparative health. Even in bronchiectasis of many years standing the patient may on inspection seem perfectly well: he may have good color and be well nourished and vigorous, in marked contrast to the "lunger," with his hectic flush, sunken cheek, increased respiration, and general appearance of bodily weakness. Many people with bronchiectasis are able to perform tasks requiring severe physical exertion.

The cough in early tuberculosis is likely to be sharp, hacking, unproductive in character, and occurring more

Digitized by Google

or less constantly throughout the 24 hours. In the later stages there is more or less muco-purulent expectoration, frequently blood-tinged, and in cases of hemorrhage there may be large amounts of blood. The cough in bronchiectasis is paroxysmal in character, is brought on by change in position, and accompanied by very profuse expectoration of muco-purulent fluid. The most usual time for a paroxysm is on getting out of bed in the morning, the change of position causing the fluid in the bronchiectatic cavities to irritate the bronchial mucosa. The resultant spell of coughing continues until the cavities are emptied, when the cough subsides until the cavity is filled again. Many cases have a paroxysm only on arising in the morning, or on getting in the bed at night; others have them at rather frequent intervals throughout the day, depending on how rapidly the cavities fill, or changes in position of the patient.

The sputum in tuberculosis has no special characteristic except, possibly, after the formation of a cavity when there may be the so-called nummular sputum, "which may be brought up in the form of irregularly shaped grayish or greenish gray balls, which sink in water." In bronchiectasis the sputum is much more profuse, reaching sometimes as much as 20 ounces in 24 hours. It is usually yellow in color, and on standing separates into three layers" a frothy brownish colored upper layer, a middle layer of thin turbid fluid, and a lower opaque and grayish in color." In old cases it may have a terribly fetid, offensive odor suggesting gangrene, but in many instances this is not present. Frequently it is blood-tinged which has led to the diagnosis of tuberculosis. There are no elastic fibres present as in tubercular sputum, and, of course, the tubercle bacilli are never found in the non-tubercular types.

In bronchiectasis of long standing there is often observed clubbing of the fingers and toes which never occurs in uncomplicated tuberculosis. With this in a few cases is a moderate degree of cyanosis, especially in cases of many years duration.

In bronchiectasis there may be no physical signs, or they may be marked. They vary according to whether

Digitized by Google

the cavity is empty or full. Empty cavities may produce areas of reasonance with bronchial or cavernous breathing and moist bubbling rales. When cavities are full or nearly so there will be dullness with coarse moist rales, possibly increased vocal fremitus, etc. These signs may be heard over a large or small part of the lung, depending on the location and degree of involvement. In tuberculosis the physical signs may be identical with those described, the difference being mainly in the location, for in tuberculosis it is the rule to have cavity formation in the upper or apical region, while, as previously stated, the bronchiectatic cavity is generally found in the central and lower portion of the lung. It is quite true that in tuberculosis a cavity may develop in any part of the lung, but it is the rule that when tuberculosis involves the lower lobes it is a downward extension from a process beginning in the apex. So overwhelming is the number of cases in which tuberculosis begins in the upper portion of the lung that it is a safe guide to regard any process occurring in the lower part of the lungs without apical involvement as non-tubercular in nature. For this reason physical signs occurring in the central or lower lung fields do not occasion half the worry that do identical signs occurring toward the apices. The X-ray is a valuable help in the differentiation of these conditions. In the early stages of bronchiectasis the X-ray is not very characteristic and depends on the demonstration of small ring-like shadows of dilated bronchi. In a well-marked case there is extensive thickening of the lung markings along the course of the larger bronchi and enlargement of the hilus glands with the presence of single or multiple areas of increased density in the lung fields near the bronchi. Large cavities may be shown plainly and the plates will show considerable difference if taken before and after evacuation. As one would expect from what has already been said, the picture shows usually the involvement to be either central or basal. The X-ray, in tuberculosis, shows the pathology to be in the apex or upper region of the lung and in the early stages shows an irregular mottling most marked towards the periphery with frequently thickening and enlargement of the hilus.

Digitized by Google

Cavities may be shown, too, so that the differentiation, by means of the Roentgen picture, may depend, as with the physical signs, on the location of the lesions.

In this brief resume I have tried to show that there are means by which these two conditions may be recognized, and that a proper diagnosis means much to the patient. In conclusion let me emphasize that by care in the history-taking and close attention to the physical examination, the correct diagnosis can usually be made.

The President: I think most of us when we think bronchiectasis think of an individual with an advanced disease who is coughing up immense quantities of foul-smelling sputum. We do not often think of the rare case in an individual who coughs up a relatively small amount of sputum. Those cases are more frequent than we think, and if we could recognize them earlier we could stop the forward march of the disease.

A Member: Possibly we can do something to stop the onward march of the disease, but tell us how to do it. This discussion is splendid and scientific and appreciated. Is there anything in creosote or anything in treatment except hygiene and good nourishment:

The President: Perhaps Dr. Wilkerson will answer that in his concluding remarks:

H. S. Ward, M. D., Birmingham: I think Dr. Wilkerson has brought an important subject before the doctors, because ordinarily when we think of bronchiectasis we think of an individual who has had a cough for twenty or thirty years. It is not an uncommon disease among young children. It is a thing that frequently gives a great deal of concern and difficulty in diagnosis because of the fact that the patient coughs up farly large quantities of mucous and the anxiety it gives the parents and friends because those cases have been wrongly diagnosed as tuberculosis.

Bearing in mind the differentiation as the doctor gave it, I would like to call the attention of the Association to

Digitized by Google

that same type in children, because you will frequently run across these cases. One thing you can do in children you can not do in the adult, is to get them in a position to drain these cavities. Many children get well if the cavities are kept properly drained, by letting the child hang off the bed head downward several times a day so that the cavity is kept drained.

The President: The disease is more frequent than we think in individuals around eighteen and twenty.

Dr. Wilkerson (closing): The main reason I wrote this paper was from the point of view of making a differentiation between these cases and tuberculosis, because tuberculosis is more serious to the patient. If you make him think he has tuberculosis, you have done him harm, if he hasn't. If you can save him from the suffering—mental, physical and financial—he is better off.

As far as the treatment of bronchiectasis is concerned, I do not know of anything that will cure it. The children get well, so that comparatively few cases in children are recognized. If handled correctly, they will get well. A case in an adult practically never gets well. I try to put them in as good hygienic conditions as possible. In winter have them in a dry, warm climate, if possible. Creosote has some possible virtue in relieving the cough, and if the odor is offensive it seems to help it. Other than putting the patients in the best physical condition, I do not know of anything you can do for them.

Digitized by Google

INFLUENZA AND COMPLICATIONS AS SEEN IN INDUSTRIAL WORK.

J. G. WILKINSON, M. D., Brookside.

Influenza is an acute infectious disease which spreads with great rapidity until it may attain a pan-demic form. It is due to an air born bacteria as yet undetermined.

SYMPTOMS.

Are those of acute respiratory diseases; the patient complains of pains which are mostly referred to the head, back and muscles, though often are general. The face is flushed; conjuctiva congested; coryza, and red tongue with white or bluish coat; the pharynx is reddened; tonsils may be enlarged. Unusual prostration is manifested; fever only moderately high; pulse accelerated; respiration above normal.

ETIOLOGY.

Pathologists have arrived at nothing definite regarding the specific cause of the epidemic. Quite a number of micro-organisms have been isolated; but they have been found in patients otherwise sick. We must leave to research men a way out of the unknown darkness, and take such steps as seem best in prophylactic work.

It is history that diseases assume a virulent form in armies. During the war among the states, 1861-1865, the measles killed more than the mortality due to battles.

During the world war the influenza bacteria was borne from camp to camp, and into civil life, gathering force with increased microbes, until we find the epidemic containing streptococci; pneumococci; staphylococci; diplococci; and the pfeiffer bacilli. Might not we suspect the combination of bacteria gathered from patient to patient as the air-borne microbes were swept on its death-dealing mission to have increased in virulency during the 1918 epidemic?

Digitized by Google

PATHOLOGY.

The bronchial mucous membrane is inflamed; the small blood vessels are engorged. The lumen contain mucopurlent or hemorrhagic secretion. The tracheobronchial lymph glands are edematous. Early in the disease the lung involvement is chiefly lobular with hemorrhage catarrh or purulent exudate containing but little fibrin. When a section of the lung is cut; large quantities of bloody fluid bathe the cut surfaces. Purulent material oozes from the small bronchi. Serosanguinous fluid is often found in the pleural cavities. The liver and kidneys are enlarged at times; and may become the seat of parenchymatous and fatty changes.

DIAGNOSIS.

This is usually not difficult. With the symptoms before us, the patient presents a picture of flushed cheeks, engorged eyes, coriza, nervous phenomena, aching pains, mostly referred to back of the head; and muscular, with undue postration; temperature 101 to 104; pulse 110 to 120. Seldom the temperature may be found sub-normal. Epistaxis not infrequent. Respiration about 30; tongue reddened, with light coat.

COMPLICATIONS.

Bronchopneumonia is the most frequent and serious complication, though others may occur, such as sinucitis, mastoid abscess, hemorrhage from the bowel or lungs. Otetis media; tuberculosis, and seldom meningitis.

SEQUALAE.

The greater number seem to completely recover; however, some have complications that are difficult to eradicate. Devitalization has not been uncommon among the adult patients, and some few have had their mental faculties unbalanced. Virulency appears greatest with the middle-aged, from 20 to 30 years. We have found the minimum of intensity from 5 to 12 years. During this period convalescence is readily established from 4 to 5 days. The very old seem to have some degree of immunity.

Digitized by Google

HISTORY.

Outbreaks of influenza have been known to exist as early as 1846, and again in 1889; however, the epidemic of 1918 and 1920 are the ones we are most concerned about. The disease attained a plague form in India and Africa. South America did not escape; in the meantime it swept over our fair land like a great scourage, carrying death in its wake.

The mortality has been the greatest of any epidemic during modern times. During the height of the epidemic, Johanersburg had a mortality of 800 per day. While Leman was at Beunos Aires, the death rate reached 1,000 per day. Lack of nursing and medical attention may have played a part in this high mortality, as most all physicians and nurses were stricken with the malady. In our home land thousands suffered for lack of attendants. Recent estimates of the mortality in the United States has been placed at 445,000.

PROGNOSIS.

No disease fraught with such dire results can be lightly considered. De Costa has said, "That influenza is the simplest, and at once the most serious of all acute infectious diseases."

TREATMENT.

Next to the etiology, treatment should concern us most. A disease that has wrought such havoc as swept over the world during this epidemic, ought to engage our most serious attention.

Our experience has been confined mostly to industrial works, though we saw not a few patients in the rural districts and larger centers of population in our work which covered several counties.

The number treated included approximately 1,200 to 1,400 patients as best we could tell, as no tabulated report was kept. Those treated included from the mildest to the severe types; simple and complicated. But few diseases have specifics; so with this epidemic, like typhoid

Digitized by Google

and pneumonia, we had to treat symptoms as they arose. We say the severe and mild types in close proximity. Treatment might be divided as follows: (1) Prophylaxis; (2) isolation; (3) sanitation; (4) ventilation; (5) dietetics; (6) medication. The sick room should be made as ideal as circumstances will admit. In our endeavor this more often proved mockery than otherwise. Doors and windows were opened. Fresh air was admitted to the sick room, and yet patients kept comfortable, even if artificial heat had to be applied.

Contrary to sanitary rules, we had patients retain their garments through the sickness, and all bathing was prohibited. We do not recall having seen a case of bronchopneumonia develop in a well-ventilated room, where the environments were ideal. Never allow the patient to become chilled. Faulty ventilation is more serious than none.

Working on the hypothesis that influenza develops an indefinite amount of toxines which are increasing hourly, we invariably give purgatives through the febrile stage. Our rule was to administer daily calomel from gr. 1 to gr. 6, according to age, and follow with saline purge in two hours. The salicyllates were given, preferably sodium salicyllate, gr. 5 every 2 to 3 hours, which allayed the pains to a degree. Insomnia was controlled by sedatives, principally Dover's powders or the other opiates. The sedatives were given every 4 hours.

Coughing was persistent and would continue regardless of drugs. A degree of relief could be found in codein or heroin every few hours, one-fourth to one-half grain, respectively.

DIET.

Most patients will want but little food for the first three days, and we found it best to allow an irritable stomach rest. Fruits and milk with light soups seemed best and most appropriate. After the febrile stage we allow limited amounts of most any ordinary diet. In treating simple influenza our mortality was nil.

We feel that the end justifies the means.

Digitized by Google

PREGNANCY.

Pregnancy complicating influenza is a serious condition. The mortality is highest among this class. Titus and Jemison, in their institutional patients, had a mortality of 42 per cent. Others have had 48.2 per cent. In women that miscarry, the mortality has run to 80.9 per cent.

TREATMENT OF PREGNANCY.

In reviewing the literature, we find authorities at variance. Hintze, Vincay, Ballentyne and Armann, in concluding their statements, have said some very inconclusive things. However, they find this class of patients do best if left to nature, regarding labor conditions.

Personally, we have never hastened labor nor brought about abortion, under any circumstances. A good per cent of our adult female patients were pregnant, and our mortality was only one. We had three cases of delivery. Two patients are living, and have two normal babies.

(1) The only patient lost was 8 months pregnant, and she refused to follow directions. This woman (colored) miscarried and died.

Patient No. 2 was delivered of a living child.

Patient No. 3 had a temperature of 103 1/5 when delivered of a living, though very sick, child. Next day her temperature rose to 104, when she developed an erythema over her body and limbs. In three days here temperature was sub-normal, and rash dried up. Mother and baby did well.

Among others who did not miscarry nor come to full term, was a young woman about seven months pregnant, that developed acute appendicitis. Treatment was unchanged, excepting the application of an ice bag over the appendix. Those who had pneumonia were of grave concern.

The treatment for influenzial pregnancy was not different to that of other patients, excepting larger amounts of sedatives. Patients must be kept free from pain; and drugs must be pushed to that end. Purgatives are as essential as with other patients.

Digitized by Google

INFLUENZIAL PNEUMONIA.

Bronchopneumonia ranks next to influenzial pregnancy as to mortality. When the epidemic is complicated with both diseases we have a most serious condition to combat.

Pneumonia is emergency work and should be so treated. Treatment consists in (1) ventilation, (2) elimination, (3) depletion, (4) and cardiac support. Close nursing is essential for these patients. As in influenzial patients, keep the system well purged. Watch closely for gas accumulation. Gas in the intestinal tract will bear heavily on the cardiac forces.

By giving high enemas often repeated as necessary, the bowel can be swept and elimination kept up constantly. Most cases were of the broncho type, but a considerable per cent were lobar pneumonia.

Respiration ought to be watched closely. The pulse is of considerable help in guiding one in his treatment. Respiration over 40 with a pulse over 130 is an unfavorable condition, however, not to become discouraged about. We have seen them much higher and recover.

No record was kept of our pneumonia patients, but not a large number ever developed it comparatively speaking. We attribute this to good ventilation. Our mortality among the pneumonia patients was only one lost. We assisted in treating two others who died. During the recurrent epidemic of 1920 our mortality was nil.

NURSING.

No change of garments is permitted. No baths are allowed nor spunging. Patients are kept comfortably warm, but rooms are well ventilated day and night. Wrap the patients in blankets, with hot water bottles to keep up body temperature, if this is required. Never let the patient become chilled. We have seen pneumonia patients too weak to take anything by mouth, having a high tension pulse, respiration very labored. Through the elimination of accumulated gases, the patients would rally and recover. Such cases requires close attention and arduous work.

Digitized by Google

As to drugs, we gave calomel and saline purges, as in influenza. Strychnine 1/60 to 1/40 grain every three hours. Morphine, ¼ grain every four hours, for adults; younger, in proportion. When this fails, add digitalis, and in cases of inebriates or heavy drinkers, alcohol in some form; others do not require the latter. The digitalis depends on strength, but ordinarily 20 to 30 drops every 6 hours. Some may require twice as much. The only rational treatment is to give any drug until an effect has been acquired and then hold the patient at this point, regardless of dosage.

In giving enema, we used an unlimited amount, with rectal tube; continuing until feces and gases were eliminated from the bowel. Let the water flow by the tube, but keep up the inflow till results are obtained.

DIET IN PNEUMONIA.

Hot soups are our favorite nourishment. Butter milk can be judiciously given. We are not favorable to cold drinks, nor heavy feeding, but a very limited and bland diet. Our record is the best testimony we have to offer as to methods in treatment.

ISOLATION.

Never move a pneumonia patient. We had an unhappy coincidence once; when others took the authority to move three of our patients, and in about forty-eight hours the three patients were in the undertaker's hands.

The strictest watching, proficiency, tact and skill are the only sureties to success. Influenza may enter and pass on with some like a gentle breeze, while others are swept like a cyclonic wind that carries all in its wake.

SUMMARY.

(1) Influenza may be the least dangerous, and yet the most serious of all contagious diseases.

(2) Influenzial pneumonia rarely develops in an ideal, sanitary room.

Digitized by Google

(3) Influenza complicating pregnancy is a serious condition. Left to nature and treated as other patients a more favorable prognosis may obtain.

(4) Keep elimination thorough in all patients to eradicates toxines.

By keeping the secretory system near normal as possible patients will have a more favorable outlook.

Influenza uncomplicated is like the morning zephyr, as compared to complications, which is likened to the mighty storm that sweeps all in its wake. Thus has the dreadful epidemic, world-wide in its scope, swept hundreds of thousands into eternity.

TREATMENT.

Being subject to call by the board of health (U. S. P. H. S.) naturally we were sent into sections where the epidemic was in a virulent form or else where physicians were sick or dead; hence conditions at times were unusual. We saw 6, 9 and even 13 patients to a room. Oftimes the rooms were dark and unkept, owing to a lack of nursing. On some occasions patients had been without medical attendance for several days, without any one to give a drink of water or morsel of food. We have given the initial dose of medicine and water to quench the thirst, and built fires to warm the room. We found 13 sick in one dark log cabin, with even the light that might have been emitted through the small window occluded by window hangings. It is remarkable to think of these patients recovering, and yet they survived.

MEDICINAL.

Purgatives were given daily, 1 to 6 grains calomel, according to age, followed with saline purge. Salicylate of sodium every 2 hours, in 5-grain doses. The former was to eliminate toxines, and the latter to allay aching pains. Opiates for rest, every 4 hours, as demanded.

PNEUMONIA.

Influenzial pneumonia was treated like simple influenza, as to purgatives, with the addition of strychnine

Digitized by Google

every three hour; 1/60 to 1/40 grain opiates every four hours to afford rest. The more severe cases with cardiac involvement were given in addition ammonia in the form of the aromatic spirits and digitalis or its derivative, digitalin, 20 to 30 drops or more, as demanded, every six hours. A close watch was kept for intestinal gas, and this was eliminated by high enema. We used alkaline water; (how) and gently massaged the bowels, letting the water flow over the rectal tube and remaining gas through the detached tube. Gas in pneumonia cases will rapidly prove fatal.

We allow no bathing nor moving of the patients, nor changing of garments until convalescence has been well established.

DIET.

Hot soups are preferable, though buttermilk may be allowed. During the 1918 epidemic our mortality from pneumonia was 1. For the recurrent epidemic of 1920 the mortality was nil.

PREGNANCY.

All cases of pregnant women were treated as other simple cases or complications. No record was kept, but the mortality during the 1918-1919 epidemic was 1. For 1920 the mortality was nil. We will mention four very important cases among the many: Case 1, colored, eight months pregnant; refused to follow directions. She miscarried and died. Case 2, seven months pregnant; developed appendicitis.. Treatment like uncomplicated cases, except increased opiates, and an icebag was placed over the appendix. Convalescence uneventful. Case 3 gave birth to a full-term baby. Mother and child did nicely. Case 4 was delivered of a living but sick and about full-term child. At time of labor temperature was 103 1/5, but dropped to 100; then rose next day to 104, developing an unusual erithema (large wheels) over trunk and limbs. In three days the rash subsided, and temperature dropped below normal. Mother and child did well. The latter

Digitized by Google

patient was given extra large doses of purgatives, diaphoretics and diuretics to eliminate toxemic conditions. The baby received its share of medical attention, as this was our hope for their survival. Another patient with pneumonia and about six or seven months pregnant, was of much concern. Our rule was to keep all cases of pregnancy and pneumonia as near perfectly at rest as lay within our province. Our record might solicit your consideration, if nothing further should appeal to you.

Digitized by Google

PART III.

THE ANNUAL REGISTER

OF THE

MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA.

THE BOOK OF THE ROLLS OF THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

INTRODUCTION.—OF LEGAL IMPORTANCE TO EVERY PHYSICIAN IN THE STATE OF ALABAMA.

Owing to the legal relation which *each* member of *each* county medical society bears to the STATE OF ALABAMA (which relations are set forth in the Code of the State), it is *absolutely necessary* that the presidents, secretaries, treasurers, members of the boards of censors, and each individual member of the societies, should see that the roster of their respective societies is sent to the Secretary of the State Association in accordance with the specific instructions, printed on the blanks sent to the secretary of each county society.

It is, therefore, urged upon the officers of each county medical society to see that in future, the reports are properly filled out in accordance with the printed instructions on the blank. It is advised that the secretaries compare their reports for the current year with the reports, as printed in the volume of Transactions for the previous year, and that *all changes* be carefully made.

A strict compliance with the instructions printed on the blank for report will avoid all difficulties.

Explanation.—The letters "mc" stand for "medical college;" the letters "cb" for "county board;" when the certificate is issued by the examining board of some other county than that in which the member or non-member then resides, the name of such county succeeds the abbreviation. "State Board" or "s. b." indicates that the license was issued after an examination before the State Board of Medical Examiners. The first name of every board of censors is that of the chairman of the board. The letters "ng" stand for "non-graduate." "Diploma recorded" applies to a small number of doctors who are exempt from criminal prosecution, but who are illegal doctors.

The name of a city and a year in line with the title of each county society indicates the place of meeting of the Association when, and the year in which, the charter of the corresponding society was granted.

Digitized by Google

THE ROLL OF THE COUNTY MEDICAL SOCIETIES.

REVISION OF 1920

(1) AUTAUGA COUNTY MEDICAL SOCIETY, Montgomery, 1874.

OFFICERS.

President—James Tankersley.....Prattville
Vice-President—E. M. Thomas.....Prattville
Secretary-Treasurer—J. E. Wilkinson, Jr.....Prattville
County Quarantine Officer—J. E. Wilkinson, Sr.....Prattville

Censors—M. D. Smith, Chairman, Prattville; R. M. Golson, Prattville; R. G. Shanks, Autaugaville; G. M. Taylor, Prattville; J. E. Wilkinson, Jr., Prattville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Downs, Elbert Horton, mc Chattanooga 00, cb 00, Billingsley.
Golson, Robert Marion, mc univ Tennessee 91, cb 94, Prattville.
Shanks, Rufus George, mc Memphis Hosp. 01, cb Butler 01, Autaugaville.
Smith, Malcolm D., mc univ New York, 91, cb Coosa 91, Prattville.
Taylor, George Malcolm, mc Atlanta P. & S. 05, cb 05, Prattville.
Tankersley, James, mc univ Alabama 06, cb Crenshaw 06, Prattville.
Thomas, Eugene Marvin, mc P. & S., Baltimore 07, cb 07, Prattville.
Wilkinson, John Edward, Sr., mc Tulane 69, cb 80, Prattville.
Wilkinson, John Edward, Jr., mc univ South 00, cb 00, Prattville.
Total, 9.

PHYSICIANS NOT MEMBERS.

Cale, Charney, mc Memphis Hosp. 04, cb 04, Vida.
Campbell, Virgil O., mc Birmingham 97, cb Chilton 07, Kingston.
Eiland, John Daniel, mc univ Nashville 11, State Board 12, Marbury.

Digitized by Google

Maddox, Joseph W., mc Chattanooga 01, cb Elmore 01, Wadsworth.
Marlar, Alonzo J., mc Memphis Hosp. 92, cb Tuscaloosa 94, Billingsley.

Total, 5.

Moved into the county—J. D. Eiland, from Mountain Creek, Chilton county, to Marbury.

---

(2) BALDWIN COUNTY MEDICAL SOCIETY, Anniston, 1886.

OFFICERS.

President—J. H. Hastie.....Stockton
Vice-President—Sibley Holmes.....Foley
Secretary-Treasurer—J. C. McLeod.....Bay Minette
County Quarantine Officer—Sheriff W. R. Stewart.....Bay Minette

Censors—J. C. McLeod, Chairman, Bay Minette; J. H. Hastie, Stockton; R. A. Hail, Robertsdale; Sibley Holmes, Foley; V. McR. Schowalter, Fairhope.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Aikin, William G., mc Alabama 01, cb 01, Stockton.
Armistead, Sydney D., mc Alabama 10, State Board 11, Foley.
Godard, Claude George, mc Alabama 14, State Board 14, Fairhope.
Hail, Richard Allen, mc Tennessee 94, cb 01, Robertsdale.
Hall, Joseph, mc Alabama 01, cb 01, Bay Minette.
Hastie, John Hamilton, mc univ Tennessee 99, cb 99, Stockton.
Holmes, Sibley, mc Alabama 96, cb 96, Foley.
Lambert, George Lee, mc Alabama 94, cb Choctaw 95, Bay Minette.
McKinley, Charles F., mc Alabama 07, cb Monroe 07, Perdido Station.
McLeod, John Calvin, mc Birmingham 00, cb Coosa 00, Bay Minette.
Mershon, Clarence L., mc Iowa 98, cb 98, Fairhope.
Schowalter, Volney McReynolds, mc Alabama 90, State Board 90, Fairhope.
Sims, Horace James, mc univ Tennessee 06, cb Pike 06, Daphne.
Van Iderstine, Reginald, mc Chicago 06, cb 06, Loxley.

Total, 14.

Digitized by Google

PHYSICIANS NOT MEMBERS.

Coghlan, Malachi, mc Alabama 92, cb 92, Tensaw.
Gaillard, Thomas Hamilton, mc Alabama 06, cb Mobile 06, Magnolia Springs.
Hodgson, Phillip Morton, mc Atlanta 89, cb Monroe 99, Stockton.
Total, 3.

---

(3) BARBOUR COUNTY MEDICAL SOCIETY, Eufaula, 1878.

OFFICERS.

President—B. F. Bennett.....Louisville
Vice-President—J. M. Bell.....Eufaula
Secretary-Treasurer—Clarence Long.....Comer
County Quarantine Officer—R. B. Patterson.....Louisville

City Health Officers—H. M. Weedon, Eufaula; B. F. Bennett, Louisville; J. S. Tillman, Clio; J. D. McDoughlin, Blue Springs; J. W. Robertson, Clayton.

Censors—Clarence Long, Chairman, Comer; Jas. J. Winn, Clayton; Jas. S. Tillman, Clio; W. P. Copeland, Eufaula; B. F. Bennett, Louisville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bell, John Mack, mc Alabama 15, State Board 15, Eufaula.
Bennett, Benjamin Franklin, mc Alabama 93, cb 93, Louisville.
Britt, Walter Stratton, mc Bellevue 98, cb Bullock 98, Eufaula.
Copeland, William Preston, mc Bellevue 70, cb 78, Eufaula.
Cross, Albion Barnard, mc Tulane 06, rec Louisiana 20, Eufaula.
Gary, Loren, mc univ Alabama 02, cb ....., Eufaula.
Houston, Joseph Lafayette, mc Vanderbilt 98, cb 98, Comer.
Lewis, William Gabriel, mc Atlanta 84, cb Henry 84, Eufaula.
Long, Clarence, mc Chattanooga 01, cb 02, Comer.
McInnis, William R., mc Memphis Hosp. 96, cb 99, Clio.
McLaughlin, James Daniel, mc univ Alabama 10, State Board 10, Blue Springs.
Norton, Robert Olon, mc univ Alabama 11, State Board 11, Louisville.
Patterson, Robert B., mc P. & S. Atlanta 99, cb 99, Louisville.

Digitized by Google

Reid, James, mc univ Alabama, 12, State Board 12, Clayton.
Robertson, James Wiley, mc univ Alabama 93, cb Pike 93, Clayton.
Salter, Paul Pullen, mc Tulane 16, State Board 16, Eufaula.
Shaw, William M., mc Chattanooga 05, cb 06, Clio.
Smart, William Alpheus, mc Louisville 84, cb Coffee 84, Clayton.
Tillman, John S., mc Grant univ 07, cb 07, Clio.
Tisinger, Louis F., ng, State Board 07, Eufaula.
Wallace, George Oscar, mc Alabama 01, cb 91, Baker Hill.
Watson, Huey, mc univ Alabama 08, State Board 08, Clayton, Rt. 5.
Winn, James Julius, mc Atlanta 60, cb 81, Clayton.
Weedon, Walter R., mc Kentucky 94, cb 94, Eufaula.
Total, 24.

PHYSICIANS NOT MEMBERS.

Gilbert, Alvenzi Jasper, mc Atlanta 89, cb 89, Eufaula.
Glover, Maximillian, ng, State Board 98, Clio.
McCoo, Thomas V., mc Leonard 06, cb 07, Eufaula.
White, Robert Lee, mc univ Alabama ....., cb 98, Clayton.
Total, 4.

Moved into the county—A. B. Cross, from New Orleans to Eufaula; Loren Gary, from Georgetown, Ga., to Eufaula; P. P. Salter, from Montgomery to Eufaula; Huey Watson, from Banks, Pike county, to Clayton, Rt. 5.

Moved out of the county—J. W. Fenn, from Eufaula to Nashville, Tenn.; B. F. Jackson, from Clayton to Montgomery; D. B. Faust, from Clayton to U. S. Army, home address, Ozark, Dale county.

---

(4) BIBB COUNTY MEDICAL SOCIETY, Birmingham, 1887.

OFFICERS.

President—J. U. Ray ..... Woodstock
Vice-President—G. H. Blocton ..... Blocton
Secretary-Treasurer—S. C. Meigs ..... Centerville
County Quarantine Officer—Clyde W. Jones ..... West Blocton

Censors—S. C. Meigs, Chairman, Centerville; W. B. Buntin, Centerville, Rt. 4; C. F. Krout, Centerville, Rt. 2; J. W. Boggess, Woodstock; G. H. Smith, Blocton.

Digitized by Google

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Boggess, John W., mc Vanderbilt 92, cb Marshall 02, Woodstock.
Buntin, William Battle, mc Memphis Hosp. 00, cb Bibb 01, Centerville, Rt. 4.
Jones, Clyde W., mc univ Alabama 11, State Board 11, West Blocton.
Krout, Charles Franklin, mc Alabama 95, cb Bibb 95, Centerville, Rt. 2.
Meigs, Stephen C., mc univ Alabama 02, cb Bibb 02, Centerville.
Morton, Dick Camerson, mc Memphis Hosp. 97, cb Lamar 97, Coleanor.
Peacock, Lovic Edward, mc Alabama 92, cb Marengo 92, West Blocton.
Philips, Nathan R., mc univ South 02, cb Covington 02, Piper.
Nicholson, Cooper, mc Birmingham 13, State Board 19, Centerville.
Ray, Jacob Ussery, mc univ Tennessee 93, cb Bibb 93, Woodstock.
Schoolar, Thornly Edward, mc Vanderbilt 92, cb Bibb 92, Centerville.
Sims, Albert Gallatin, mc univ Nashville 05, cb Talladega 05, Garnsey.
Smith, Green Hampton, mc univ Tennessee 16, State Board 16, Blocton.
Tucker, John S., mc Alabama 06, cb Marengo 06, Blocton, Rt. 1.
Williams, Martin Barbour, mc Birmingham 07, cb Tuscaloosa 07, Centerville.
Total, 15.

PHYSICIANS NOT MEMBERS.

Campbell, Charlie J., mc Tennessee 94, cb Bibb 94, Centerville, Rt. 3.
Cleveland, Jackson S., mc Birmingham 07, cb Bibb 07, Lawley.
Laney, Marcus W., mc Vandervilt 93, cb St. Clair 93, Eoline.
Kay, William Eli., mc univ Maryland 05, cb Pickens 05, Camp Hill.
Nicholson, William John, mc Vanderbilt 84, cb Bibb 86, Centerville.
Trigg, Abram Walter, mc Alabama 81, cb Tuscaloosa 81, Blocton.
Vance, James Glenn, mc Birmingham 05, cb Tuscaloosa 05, Marvel.
Collins, A. K., mc Louisville 90, cb Lamar 91, West Blocton.
Owens, John H., mc Memphis Hosp. 99, cb 99, Hagler.
Total, 9.

Digitized by Google

Moved into the county—M. W. Laney, from Eden, St. Clair county, to Eoline; A. K. Collins, from Pickens county to West Blocton; W. E. Kay, from Tuscaloosa to Camp Hugh.

Moved out of the county—H. W. Algood, from Blocton to Jefferson county; B. R. Bradford, from Blocton to Easonville, St. Clair county; N. T. Davie, to U. S. Army; Robbins Nettles, from Belle Ellen to Pascagoula, Miss.; E. B. Smith, from Blocton to .....; W. M. Peters, from Centerville to U. S. Army.

---

(5) BLOUNT COUNTY MEDICAL SOCIETY, Eufaula, 1878.

OFFICERS.

President—W. C. Miles.....Cleveland
Vice-President—C. L. Stansberry.....Oneonta
Secretary-Treasurer—M. P. Stephens.....Oneonta
County Quarantine Officer—E. T. Brown.....Cleveland
City Health Officer—N. C. Denton.....Oneonta

Censors—J. T. Stone, Chairman, Oneonta; M. P. Stephens, Oneonta; N. C. Denton, Oneonta; T. C. McCoy, Village Springs; E. T. Brown, Cleveland.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Brown, Eldridge Tracy, mc Vanderbilt 17, State Board, reciprocity with Tennessee 19, Cleveland.

Denton, Marvin, mc univ Nashville 05, cb 07, Altoona, R. F. D.

Denton, Nathan Carter, mc univ Nashville 05, cb 06, Oneonta.

Finley, Foster Gaines, mc Birmingham 13, State Board 13, Blountsville.

Kline, Warwick Wesley, univ Louisville 05, State Board, reciprocity with Kentucky 19, Altoona, Rt. 3.

McCay, Timothy C., mc Birmingham 15, State Board 15, Village Springs.

Miles, William C., mc Birmingham 00, cb Blount 00, Cleveland.

Moore, David Sanders, mc Atlanta 80, cb Blount 80, Altoona, R. F. D.

Shepherd, Samuel T., mc Atlanta P. & S., cb Walker 03, Lehigh.

Stansberry, Charles Lee, Grant univ 99, cb Fayette 01, Oneonta.

Digitized by Google

Stephens, Miles Pinkney, mc Grant univ 94, cb Blount 94, Oneonta.
Stone, Joseph T., mc Memphis Hosp. 91, cb Marion 91, Oneonta.
Watson, James Alexander, mc Birmingham 03, cb Lauderdale 03, Blount Springs.
Whitehead, Vernon Erick, mc Alabama 15, State Board 15, Blountsville.
Total, 14.

PHYSICIANS NOT MEMBERS.

Allgood, William Barnett, mc Atlanta 78, cb 78, Allgood (retired).
Baines, William Talley, mc Vanderbilt 88, cb 88, Blountsville.
Ballinger, J. F., ng, cb 77, Blountsville, R. F. D.
Bell, James Edgar, mc univ Nashville 97, State Board 17, Village Springs.
Finley, William M., mc Vanderbilt 79, cb 79, Blountsville.
Haden, Andrew Wade, mc Vanderbilt 82, cb 82, Summit.
Hancock, Jesse Thomas, mc Baltimore 90, cb 90, Village Springs.
Self, George Washington, mc Baltimore 90, cb 90, Village Springs.
Stubbss, William Lee, mc Alabama 99, cb 99, Horton, R. F. D.
Total, 9.

Moved into the county—W. W. Klein, to Altoona, Rt. 3, from Altoona, Etowah county; E. T. Brown, recent graduate, to Cleveland; F. G. Finley, recent graduate, to Blountsville; J. A. Watson, from Waterloo, Lauderdale county, to Blount Springs; J. E. Bell, form Ensley, Jefferson county, to Village Springs.

---

(6) BULLOCK COUNTY MEDICAL SOCIETY, Eufaula, 1878.

OFFICERS.

President—Oscar Johnston.....Pike Road
Vice-President—S. C. Cowan.....Union Springs
Secretary—H. M. Dismukes.....Union Springs
Treasurer—T. J. Dean.....Union Springs
County Quarantine Officer—H. M. Dismukes.....Union Springs
City Health Officer—H. M. Dismukes.....Union Springs

Censors—C. M. Franklin, Chairman, Union Springs; J. L. Bowman, Union Springs; Oscar Johnston, Pike Road; T. J. Dean, Union Springs; S. C. Cowan, Union Springs.

Digitized by Google

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Ayres, Charles J., mc univ Virginia 86, cb Dallas 86, Omega.

Bowman, James Luther, mc univ Virginia 01, cb 01, Montgomery, care State Board of Health.

Cowan, Samuel Colvin, mc Alabama 80, cb 89, Union Springs.

Darnell, Benjamin Franklin, ng, cb 83, Fitzpatrick.

Dean, Thomas Joseph, mc Louisville 94, cb Chambers 94, Union Springs.

Dismukes, Henry Mosley, mc univ Tennessee 07, State Board 09, Union Springs.

Franklin, Charles Moore, mc P. & S., New York 08, cb 98, Union Springs.

Griswold, Joel Clifford, mc Vanderbilt 05, cb 05, Fitzpatrick, R. F. D.

Guthrie, George Martin, mc Alabama 00, cb 00, Inverness.

Harrison, William Henry, mc Chattanooga 93, cb Barbour 93, Midway.

Johnston, Oscar, mc Alabama 96, cb Pike 96, Pike Road (see Montgomery county).

Lee, Lucien Tenant, mc Alabama 04, State Board 04, Midway.

McLaurine, Hugh F., mc Vanderbilt 11, State Board 11, Fitzpatrick.

Thomason, James Wiley, mc Alabama 10, State Board 11, Perote.

Total, 14.

PHYSICIANS NOT MEMBERS.

Allen, Alexander George William (col.), mc Meharry 99, cb Russell 99, Union Springs.

Hudson, Eugene Henry (col.), mc Meharry 17, State Board 19, Union Springs.

Total, 2.

Note.—Dr. Oscar Johnson still retains membership in Bullock County Medical Society.

Moved into the county—E. H. Hudson (col.), from Chicago, Ill., to Union Springs.

Moved out of the county—H. P. Rankin, from Midway to Brewton, Escambia county; B. B. Edwards, from Union Springs to Santa Fe; Oscar Johnson, from Fitzpatrick to Pike Road, Montgomery county.

Digitized by Google

(7) BUTLER COUNTY MEDICAL SOCIETY, Montgomery, 1875.

OFFICERS.

President—R. H. Watson.....Georgiana
Vice-President—J. L. Bryan.....Greenville
Secretary-Treasurer—L. V. Stabler.....Greenville
County Quarantine Officer—J. L. Perdue.....Greenville

Censors—R. H. Watson, Chairman, Georgiana; J. A. Kendrick, Greenville; J. L. Bryan, Greenville; H. K. Tiffin, Chapman; R. A. Moorer, Georgiana.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bryan, James Lafayette, mc Alabama 01, cb Crenshaw 01, Greenville.
Henderson, Hiliary H., mc Alabama 08, State Board 08, Bolling.
Jordan, James, mc Memphis Hosp. 12, State Board 12, Georgiana, R. F. D.
Kendrick, John Aaron, mc Tulane 94, cb 94, Greenville.
Moorer, Rufus Alonzo, mc Sewanee 02, cb Lowndes 02, Georgiana, R. F. D.
Morris, William Eli, mc Alabama 97, cb Conecuh 97, Georgiana.
McCane, James Jordan, mc Tulane 82, cb 82, McKenzie.
Nettles, William D., mc Alabama 10, State Board 10, McKenzie.
Perdue, James Lewis, mc Alabama 75, cb 75, Greenville.
Stabler, Andrew Lee, mc Vanderbilt 09, State Board 08, Greenville.
Stabler, Lorenzo V., mc Vanderbilt 98, cb 98, Greenville.
Tippins, Henry K., mc Chicago Vol. of M. & S. 08, State Board 08, Chapman.
Wall, Conrad, mc Alabama 97, cb Butler 97, Forest Home.
Wall, Richard A., mc Tulane 94, cb 94, Forest Home.
Watson, Robert H., mc Alabama 05, cb 05, Georgiana, R. F. D.
Total, 15.

PHYSICIANS NOT MEMBERS.

Garrett, James Jefferson, mc Georgia Eclectic 82, cb 82, Forest Home.
Jennings, Samuel Kirk, mc Alabama 04, cb Chambers 04, Georgiana.

Digitized by Google

Lanford, Walter B., mc Alabama 06, cb Crenshaw 06, Garland.
Watson, James Crawford, mc Alabama 98, cb 98, Georgiana.
Peavy, Julius Franklin, Jr., mc univ Alabama 12, State Board 12, Georgiana.
Jarnigan, Robert Lewis, mc Memphis Hosp. 13 (licensed in Tennessee 13), Pigeon Creek (illegal).
Total, 6.

Moved into the county—J. F. Peavy, Jr., to Georgiana.

Moved out of the county—M. C. Hawkins, from Greenville to Blossburg; T. D. Stallings, from Greenville to Dozier.

---

(8) CALHOUN COUNTY MEDICAL SOCIETY, Montgomery, 1881.

OFFICERS.

President—A. N. Steele.....Anniston
Vice-President—C. G. Arbery.....Anniston
Secretary—C. Hal Cleveland.....Anniston
Treasurer—E. C. Anderson.....Anniston
County Health Officer—G. A. Cryer.....Anniston

Assistant County Health Officers—A. L. Nourse, Anniston; M. J Williams, Oxford; H. O. Sparks, Piedmont; J. C. Williams, Jacksonville.

Censors—H. O. Sparks, Chairman, Piedmont; E. C. Anderson, Anniston; E. L. Curlee, Anniston; C. G. Arbery, Anniston; A. N. Steele, Anniston.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Anderson, Edmunds C., mc Kentucky 77, cb 85, Anniston.
Arbery, Clifford G., mc Birmingham 10, State Board 10, Anniston.
Arbery, William B., mc Vanderbilt 82, cb Macon 82, Jacksonville.
Brannon, Wade H., mc Birmingham 10, State Board 10, Anniston.
Brothers, Thomas J., mc P. & S., Baltimore 04, State Board 02, Anniston.
Caffey, Benjamin F., mc Tulane 11, State Board 11, Choccolocco.
Chitwood, William O., univ South 04, cb Lowndes 04, DeArmanville.
Cleveland, C. Hal, mc Vanderbilt 15, State Board 15, Anniston.
Cryer, George A., mc Vanderbilt 03, cb Elmore 04, Anniston.

Digitized by Google

Culberson, Artice E., mc Birmingham 15, State Board 15, Anniston.
Curlee, Elijah L., mc univ South 06, cb Clay 06, Anniston.
Douthit, Andrew J., ng, cb 81, Jacksonville.
Durden, John D., mc univ Alabama 17, State Board 17, Anniston.
Hamilton, Grover C., mc Emory univ 76, State Board 16, Jacksonville.
Hawkins, John P., mc Chattanooga 94, cb St. Clair 96, Oxford.
Huey, Thomas F., mc Tulane 01, cb Perry 01, Anniston.
Kinnebrew, William H., mc univ New York 73, cb 83, Piedmont.
Levi, Irwin P., mc univ Pennsylvania 09, State Board 09, Anniston.
Leyden, Horace A., mc univ Tennessee 09, State Board 10, Anniston.
Martin, Henry M., Jr., mc univ Virginia 99, State Board 00, Anniston.
McCraw, Reuben T., mc univ Alabama 73, State Board 14, Oxford.
Meharg, Robert L., mc univ Alabama 06, cb 06, Alexandria.
Meharg, Shelton T., mc Memphis Hosp. 00, cb 00, Anniston.
Meharg, William G., mc Memphis Hosp. 99, cb 99, Ohatchee.
Morton, Lloyd E., mc Atlanta P. & S. 11, reciprocity with Georgia 18, Anniston.
Morris, John D., mc Atlanta 14, State Board 14, Piedmont.
Nourse, Alvin L., mc Beach 85, State Board 05, Anniston.
Patton, Thomas J., mc univ Alabama 06, cb Greene 06, Oxford.
Posey, James F., mc Emory univ 17, State Board 18, Anniston.
Rowan, John F., mc univ Virginia 79, cb 06, Jacksonville.
Salter, Wilbur M., mc univ Alabama 07, cb Conecuh 07, Anniston.
Sargent, Oscar, mc Vanderbilt 80, cb Franklin 88, Jacksonville.
Sellers, Neal E., mc univ Alabama 05, State Board 05, Anniston.
Shipp, Montgomery G., mc Vanderbilt 01, cb Marshall 02, Anniston.
Sparks, Horace O., mc Atlanta P. & S. 02, cb 02, Piedmont.
Steele, Abner N., mc Alabama 90, cb Pickens 90, Anniston.
Vann, Paul D., mc univ Alabama 96, cb DeKalb 96, Anniston.
Watson, Jerre, mc univ Alabama 16, State Board 16, Anniston.
Weaver, Frank C., mc univ Alabama 13, State Board 13, Anniston.
Williams, J. C., mc Birmingham 10, State Board 10, Jacksonville.
Williams, Mark J., mc Birmingham 02, cb 02, Oxford.
Woodruff, Leroy H., mc univ Alabama 13, State Board 14, Anniston.
Total, 42.

PHYSICIANS NOT MEMBERS.

Boozer, David Thomas, mc Atlanta 14, State Board 15, Anniston.
Huger, Richard P., mc South Carolina 71, cb 81, Anniston.

Digitized by Google

Jackson, Fred D. (col.), mc Meharry 14, State Board 14, Anniston.
Morgan, William T., mc Vanderbilt 94, cb Cleburne 94, Piedmont.
Rogers, Gordon A. (col.), mc Meharry 08, State Board 07, Anniston.
Sharp, George B., mc Southern Medical 93, cb Cherokee 93, Piedmont.
Teague, Frank B., mc univ Tennessee 80, cb Etowah 80, Piedmont.
Thomas, Charles E. (col.), mc Long Island Hosp. 90, cb 90, Anniston.
Vansant, John W., mc Georgia Eclectic 04, cb Marshall 06, Piedmont.
Whiteside, John M., mc Vanderbilt 80, cb 94, Anniston.
Williams, George C., ng, old law, White Plains.
Total, 11.

Moved into the county—Artice E. Culberson, from U. S. Army, first location; J. D. Durden, U. S. Army, first location; G. C. Hamilton, U. S. Army, first location; D. T. Boozer, from Coal City, St. Clair county, to Anniston.

Moved out of the county—Robert L. Hughes, moved to Bartow, Fla.; E. T. Barker, moved to Wachita, Kansas; Dan Wilborn, from Anniston to Montgomery, Montgomery county.

Died—Jerry Edward Crook, Jacksonville.

---

(9) CHAMBERS COUNTY MEDICAL SOCIETY, Montgomery, 1881.

OFFICERS.

President—Hugh McCullouch.....West Point, Ga.
Vice-President—N. A. Wheeler.....Lafayette
Secretary-Treasurer—J. L. Weldon.....Lanett

Censors—W. D. Gaines, Chairman, Lafayette; W. H. Riser, Milltown; N. A. Wheeler, Lafayette; W. L. Marshall, Langdale; W. T. Hodges, Riverview.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Clack, James Thomas, mc Birmingham 11, State Board 11, Abanda.
Coggin, Fount Randall, mc Alabama 11, State Board 11, Waverly.
Finley, Emmet M., mc Southern Medical 96, cb 96, Standing Rock.
Gaines, William D., mc Alabama 92, cb 92, Lafayette.

Digitized by Google

Grady, Zachary Taylor, mc Atlanta 80, cb 81, Lafayette.
Haralson, Thomas H., mc Memphis Hosp. 99, cb Tallapoosa 99, Cusseta.
Green, Elbert P., mc univ Georgia 99, cb Randolph 99, Standing Rock.
Hodges, Wyatt T., mc Alabama 92, cb Chambers 97, Riverview.
Ison, Josiah Allen, mc Southern Medical 87, cb Tallapoosa 87, Lafayette, Rt. 6.
Marshall, W. L., mc P. & S., Atlanta 96, cb Randolph 06, Langdale.
McCollouch, Hugh, mc Atlanta 95, cb ....., West Point, Ga.
Milford, H. A., mc ...., cb ...., Five Points.
Piper, Barney Lee, mc Atlanta 16, State Board 16, Five Points.
Ramage, Brock, mc Vanderbilt 14, State Board 14, Lafayette.
Rea, B. F., mc Alabama 85, cb 85, Lafayette.
Riser, William H., mc Alabama 08, State Board 07, Milltown.
Stevens, Reuben Calvin, mc Southern Medical 92, cb Cleburne 97, Lafayette.
Weldon, Jesse L., mc Birmingham 11, State Board 12, Lanett.
Weldon, Robert L., mc Georgia Eclectic 92, cb ...., Lanett.
Wheeler, N. A., mc Atlanta P. & S. 07, cb 07, Lafayette.
Morgan, James Calvin, mc Birmingham 14, State Board 16, Fairfax.
Morrow, Robert P., mc univ Alabama 11, State Board 11, West Point, Ga.
Patillo, John T., mc Atlanta 91, cb 97, Shawmut.
Total, 23.

PHYSICIANS NOT MEMBERS.

Smith, Alfred C., mc Atlanta 11, State Board 14, Shawmut.
McClendon, William Head, mc univ Alabama 02, Georgia license 14 (not licensed in Alabama), Lanett.
Total, 2.

Digitized by Google

(10) CHEROKEE COUNTY MEDICAL SOCIETY

Tuscaloosa, 1887.

OFFICERS.

President—S. C. Tatum.....Center
Vice-President—W. S. McElrath.....Cedar Bluff
Secretary-Treasurer—R. L. McWhorter.....Gaylesville
County Quarantine Officer—S. C. Tatum.....Center

Censors—S. C. Tatum, Chairman, Center; M. S. McElrath, Cedar Bluff; R. L. McWhorter, Gaylesville; L. R. Stone, Taff; W. A. Sewell, Center.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Cardon, Samuel Garrett, mc Alabama 02, cb 02, Center.
Emmerson, John Forest, mc Grant univ 95, cb Marshall 97, Spring Garden.
Gramling, Joseph W., mc Alabama 01, cb Franklin 01, Center.
McElrath, William Sparks, mc Memphis 00, cb Franklin 00, Cedar Bluff.
McWhorter, Robert Lee, mc Alabama 87, cb Franklin 87, Gaylesville.
Sewell, William Asberry, mc Birmingham 12, State Board 12, Center.
Sigrest, Otho Randolph, mc Birmingham 08, State Board 08, Cedar Bluff.
Stone, Leonard Rice, mc Grant univ 05, cb Bibb 05, Taff.
Tatum, Samuel Carter, mc Vanderbilt 93, cb Bibb 93, Center.
Tatum, William Briggs, mc Emory univ 16, State Board 17, Brooklyn, N. Y.
White, William Yancey, mc Vanderbilt 87, cb 87, Center.
William James C., mc Birmingham 10, State Board 10, Rock Run. Total, 12.

PHYSICIANS NOT MEMBERS.

Cook, Edward Augustus, mc Vanderbilt 84, cb 84, Cave Springs.
Gullatt, J. A., ng, illegal, Round Mountain.
Matthews, John Patrick, mc Tennessee 84, cb 87, Leesburg, Rt. 1. Total, 3.

Moved out of the county—Luther Wright, to Cave Springs, Ga.
Died—A. M. Brown, T. N. White.

Digitized by Google

(11) CHILTON COUNTY MEDICAL SOCIETY, 1879.

OFFICERS.

President—V. J. Gragg.....Clanton
Vice-President—N. S. Johnson.....Clanton
Secretary-Treasurer—T. J. Marcus.....Clanton
County Quarantine Officer—J. P. Hayes.....Clanton

City Health Officers—J. P. Hayes, Clanton; J. P. Hayes, Thorsby; R. B. McNeill, Jemison.

Censors—V. J. Gragg, Chairman, Clanton; R. B. McNeill, Jemison; C. S. Strock, Verbena; N. S. Johnson, Clanton; A. Johnson, Clanton.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

DuBose, Julius Jesse, mc Atlanta 95, cb 95, Stanton.
Eiland, Robert John, ng, State Board 07, Cooper.
Gragg, Vincent Jones, mc Tulane 08, State Board 06, Clanton.
Hayes, Julius Poe, mc Memphis Hosp. 96, cb Chilton 96, Clanton.
Johnson, Arthur, mc Vanderbilt 09, State Board 09, Clanton.
Johnson, Napoleon S., univ Alabama 01, cb Chilton 01, Clanton.
Marcus, Thomas Jefferson, mc Memphis Hosp. 10, State Board 10, Clanton.
McNeill, R. Berney, mc Memphis Hosp. 98, cb Chilton 98, Jemison.
Mastin, Orville Charles, mc Detroit Medical 86, State Board 08, Clanton.
Parnell, Charles Nicholas, mc Alabama 91, cb Chilton 91, Maplesville.
Pickering, Alfred Burt, univ Alabama 11, State Board 11, Maplesville.
Strock, Charles Stewart, mc Vanderbilt 04, cb Chilton 04, Verbena.
Wood, Sterling, mc Vanderbilt 17, State Board 17, Thorsby.
Total, 13.

PHYSICIANS NOT MEMBERS.

Copeland, Charles P., mc Birmingham 11, State Board 11, Clanton.
Fowler, James Thomas, mc South Carolina 83, cb Henry 83, Mountain Creek.

Digitized by Google

Johnson, Joseph M. B., mc Miama 83, cb Shelby 87, Jemison.
Lawrence, Claud O., mc univ Alabama 17, State Board 17, Maplesville.
Wise, William Tell, mc Southern Atlanta 89, cb Chilton 94, Cooper.
Total, 5.

Moved into the county—C. P. Copeland, from Birmingham to Clanton; C. O. Lawrence, from Akron, Hale county, to Maplesville; J. T. Fowler, from Dothan, Houston county, to Mountain Creek; A. B. Pickering, from Plantersville, Dallas county, to Maplesville.

Moved out of the county—L. E. Sorrell, from Jemison to Birmingham; J. P. Hayes, from Clanton to U. S. Army; J. C. Christian, from Mountain Creek to part unknown; H. F. Downs, retired; J. D. Eiland, from Mountain Creek to Marbury, Chilton county.

---

(12) CHOCTAW COUNTY MEDICAL SOCIETY, Selma, 1879.

OFFICERS.

President—S. T. Miller.....Yantley
Vice-President—H. H. Mason.....Butler
Secretary-Treasurer—W. H. Christopher.....Lisman
County Quarantine Officer—Mr. O. B. Christopher.....Butler

Censors—J. C. Christopher, Chairman, Robjohn; S. T. Miller, Yantley; T. M. Littlepage, Mount Sterling; J. M. Stanley, Silas; J. W. Rudder, Toxey.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Alman, Sam, mc Louisville 98, cb Choctaw 98, Gilbertown.
Carnathon, W. G., mc Alabama 05, cb 05, Halsell.
Christopher, Frank E., mc Louisville 94, cb Choctaw 94, Isney.
Christopher, John C., mc Louisville 94, cb Choctaw 94, Robjohn.
Christopher, Walter H., mc Memphis Hosp. 01, cb Choctaw 01, Lisman.
James, Ashley D., mc Alabama 01, cb Sumter 01, Pennington.
Mason, Howard H., mc Alabama 03, State Board 03, Butler.
Moore, Walter N., mc Louisville 03, cb 04, Lisman.
Robinson, Henry W., mc Memphis Hosp. 01, cb Choctaw 01, Bevill.

Digitized by Google

Rudder, John W., mc univ Nashville 07, cb 07, Toxey.
Stanley, Joseph M., mc univ Tennessee 09, State Board 10, Silas.
Total, 11.

PHYSICIANS NOT MEMBERS.

Jackson, C. A., mc Alabama 08, State Board 08, Needham.
Lenoir, Thomas R., mc Alabama 92, cb 92, Womack Hill.
Phillips, Jake P., mc Alabama 86, cb 87, Lisman.
Ray, Thomas Jackson, mc Memphis Hosp. 96, State Board 14, Riderwood.
Total, 4.

Moved into the county—Charles Brasfield, from Linden, Marengo county, to Riderwood, Choctaw county; T. J. Ray, from Selma, Dallas county, to Riderwood.

Died—E. G. Horn, of Lisman.

---

(13) CLARKE COUNTY MEDICAL SOCIETY
Greenville, 1885.

OFFICERS.

President—C. I. Dahlberg.....Suggsville
Vice-President—J. S. Davidson.....Thomasville
Secretary—J. M. Cobb.....Grove Hill
Treasurer—L. O. Hicks.....Jackson
County Quarantine Officer—J. M. Cobb.....Grove Hill.

City Health Officers—A. L. White, Thomasville; J. C. Godbold, Whatley; J. A. Gilmore, Fulton; L. O. Hicks, Jackson.

Censors—J. T. Pugh, Chairman, Grove Hill; J. A. Kimbrough, Thomasville; L. O. Hicks, Jackson; L. J. Davis, Bashi; C. I. Dahlberg, Suggsville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Adams, Benjamin F., mc Alabama 08, State Board 08, Fulton.
Armistead, Lee L., ng 92, cb Choctaw 92, Campbell.
Armistead, James Westwood, mc Alabama 83, cb 84, Grove Hill.
Bedsole, James Goodman, mc Vanderbilt 11, State Board 11, Jackson.

Digitized by Google

Boroughs, Bryan, mc univ Louisville 69, cb 84, Jackson.
Chapman, Gross S., mc Alabama 79, cb 84, Jackson.
Cobb, Jesse M., mc Tulane 93, cb 93, Grove Hill.
Dahlberg, Charles Isaac, mc Alabama 87, cb Choctaw 88, Suggsville.
Davidson, James S., mc Alabama 92, cb 93, Thomasville.
Davis, Lawrence J., mc Alabama 95, cb 96, Bashi.
Eidson, James Thomas, mc Alabama 94, Bullock 94, Coffeeville.
Fleming, John W., mc Alabama 79, cb 84, Salitpa.
Gaston, Robert Bernard, mc Vanderbilt 12, State Board 16, Thomasville.
Gillespie, Robert C., mc Louisville 83, cb Sumter 91, Gainestown.
Gilmore, John Arcade, mc Louisville 86, cb 86, Fulton.
Godbold, John Cooper, Jr., mc univ Alabama 11, State Board 11, Whatley.
Hicks, Lamartine Orlando, mc Alabama 71, cb 84, Jackson.
Kimbrough, John A., mc Louisville 98, cb 98, Thomasville.
Kirvin, Thomas C., mc Louisville 84, cb 92, Jackson.
McVay, Leon Victor, mc Alabama 15, State Board 15, Salitpa.
Pugh, Albert Sidney, mc Kentucky 92, cb 93, Grove Hill.
Pugh, Clement E., mc Alabama 89, cb 89, Grove Hill.
Pugh, John T., mc Vanderbilt 97, cb 97, Grove Hill.
Robinson, Amos N., mc Alabama 93, cb 94, Coffeeville.
Shaw, Robert E., mc Alabama 98, State Board 99, Whatley.
Trice, Peter A., mc Louisville 02, cb Choctaw 02, Morvin.
White, Alexander L., mc Memphis Hosp. 98, cb 98, Thomasville.
Total, 27.

PHYSICIANS NOT MEMBERS.

Bean, Walton L., mc Louisville 97, cb Geneva 97, Salitpa.
Cowan, C. E., mc univ Alabama 11, State Board 11, Cunningham.
Total, 2.

Moved into the county—R. B. Gaston, from Wilcox county to Thomasville.

Moved out of the county—J. R. Armistead, from Jackson to Pritchard; John Kimbrough, Jr., to Woodward, Jefferson county.

Digitized by Google

(14) CLAY COUNTY MEDICAL SOCIETY, Selma, 1879.

OFFICERS.

President—W. H. Price.....Cragford
Secretary-Treasurer—J. S. Gay.....Ashland
County Quarantine Officer—J. W. Jordan.....Ashland

City Health Officers—J. W. Jordan, Ashland; B. A. Stephens, Lineville.

Censors—J. S. Gay, Chairman, Ashland; J. W. Jordan, Ashland; C. P. Gay, Lineville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Barfield, Jesse M., mc P. & S., Atlanta 01, cb 01, Lineville.
Campbell, William A., ng, cb Talladega, Pyriton.
Gay, Colman J., mc Atlanta Southern 97, cb Randolph 97, Lineville.
Gay, James S., mc Birmingham 05, cb 05, Ashland.
Gay, Stonewall Jackson, mc Atlanta Southern 88, cb Randolph 88, Lineville.
Hilt, John L., mc Atlanta Southern 89, cb 89, Lineville.
Jordan, Joseph Wiley, mc Atlanta 91, cb 87, Ashland.
Jordan, J. William, mc Atlanta Southern 11, State Board 14, Cragford.
Kilgore, James J., mc Memphis Hosp. 01, cb 01, Wadley.
Owens, Arthur H., mc Alabama 05, cb 05, Ashland.
Owens, Seaborn Wesley, ng 87, cb 87, Ashland.
Price, William Hugh, mc Birmingham 10, State Board 11, Cragford.
Scarbrough, Bemon C., mc univ Tennessee 11, State Board 11, Ashland.
Slaughter, Miles Jasper, mc Alabama 05, cb 05, Millerville.
Stephens, Albert R., mc Atlanta Southern 88, cb 88, Delta.
Stephens, Berl Anderson, mc Alabama 92, cb 92, Lineville.
Total, 16.

PHYSICIANS NOT MEMBERS.

Owens, Seaborn J., Jr., ng, illegal, Ashland.

Digitized by Google

Moved out of county—A. W. Graves, from Ashland to Ironaton, Talladega county; M. L. Shadix, from Ashland to Jenifer, Talladega county; C. S. Northern, from Ashland to Augusta, Ga.; Thos. Northern, from Ashland to Augusta, Ga.; Ollie Wilson, from Ashland to Birmingham.

---

(15) CLEBURNE COUNTY MEDICAL SOCIETY, Selma, 1884.

OFFICERS.

President—L. R. Wright.....Heflin
Vice-President—F. R. Wood.....Heflin
Secretary-Treasurer—J. D. Duke.....Heflin
County Quarantine Officer—Sheriff M. F. McWhorter.....Heflin

Censors—J. D. Duke, Chairman, Heflin; S. L. B. Blacke, Fruithurst; J. P. Hurt, Edwardsville; F. R. Wood, Heflin; L. R. Wright, Heflin.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Blacke, Simeon Lovell Bearce, mc Ohio 69, cb 98, Fruithurst.
Duke, Jefferson Davis, mc Atlanta Southern 84, cb Randolph 84, Heflin.
Hurt, James P., old law, Edwardsville.
Lindsey, Jeremith M., mc Chattanooga 97, cb 97, Hightower.
Lindsey, William Henry, mc Chattanooga 94, cb 94, Hightower.
Wood, Frank Richard, mc Chattanooga 01, cb Randolph 01, Heflin.
Wright, Lee Roy, mc univ Nashville 00, cb 00, Heflin.
Total, 7.

PHYSICIANS NOT MEMBERS.

Houston, James P., mc Chattanooga 04, cb 04, Edwardsville, Rt. 1.
Ligon, Arthur Wellington, mc Vanderbilt 83, cb 84, Heflin, Rt. 3.
Ligon, James H., mc Vanderbilt 91, cb Heflin, Rt. 3.
Total, 3.

Digitized by Google

(16) COFFEE COUNTY MEDICAL SOCIETY, Greenville, 1885.

OFFICERS.

President—C. P. Hayes.....Elba
Vice-President—E. L. Gibson.....Enterprise
Secretary-Treasurer—W. A. Lewis.....Enterprise
County Quarantine Officer—Sheriff J. D. Stewart.....Enterprise

Censors—B. J. Massey, Chairman, New Brockton; P. T. Fleming, Enterprise; E. L. Gibson, Enterprise; B. F. Thrower, Enterprise; C. P. Hayes, Elba.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Akins, James Luther, mc univ Alabama 11, cb 11, Kingston.
Blue, Jasper Dixon, ng, cb 85, Elba.
Braswell, William Cicero, mc Tulane 09, State Board 09, Elba.
Bush, David A., mc Alabama 07, State Board 07, New Brockton.
Colley, Aaron Thomas, mc univ Louisville 94, cb Pike 94, Enterprise.
Fleming, Porter Thomas, mc Louisville 94, cb 94, Enterprise.
Gibson, Edward Lee, mc Birmingham 13, State Board 13, Enterprise.
Hayes, Charles Phillip, mc Louisville 06, cb Houston 06, Elba.
Lewis, Walter Augustus, mc Tulane 97, cb Barbour 97, Enterprise.
Massey, Bartlett Jones, mc Birmingham 03, cb Jefferson 03, New Brockton.
Mixson, Clarence William, mc univ Alabama 08, State Board 08, Elba, R. F. D.
Norris, Ray Hart, mc univ of Alabama 97, cb Monroe 97, Enterprise (retired).
Rowe, Mercer Stillwell, univ Alabama 17, State Board 17, Elba.
Stanley, William Alfred, mc Alabama 12, State Board 12, Enterprise.
Thrower, Benjamin Franklin, mc univ Alabama 11, State Board 12, Enterprise, R. F. D. 4.
Woodall, John Brooks, mc Memphis Hosp. 11, State Board 13, New Brockton.
Total, 16.

Digitized by Google

HONORARY MEMBER.

Crook, William Henry, mc Alabama 84, cb 85, Victoria.

PHYSICIANS NOT MEMBERS.

Ballard, Benjamin Randall, mc univ Tennessee 94, cb Crenshaw 94, Kinston.
Bowden, Coley C., mc univ Alabama 13, State Board 14, Glenwood, R. F. D.
Bragg, Eugene G., mc Birmingham 14, State Board 15, Victoria.
Crook, William Randolph, mc Chattanooga 06, cb 06, Victoria.
Folsom, Marion A., mc univ Alabama 07, cb 07, Victoria.
Ham, Nelson Matthews, mc univ Alabama 98, cb Elba, R. F. D.
Harrison, King William, mc 96, cb Lowndes 97, Enterprise.
Pruett, David P., mc univ Alabama 09, State Board 09, Ozark, R. F. D.
Treadwell, Lucius M., ng, cb Pike 85, Enterprise.
White, Hilliary Herbert, mc Alabama 05, cb Clarke 05, Enterprise.
Williams, Eugene E., mc univ Alabama 04, cb Wilcox 04, Enterprise.
Total, 11.

Moved into the county—E. E. Williams, from Ackerville, Wilcox county, to Enterprise.

Moved out of the county—J. C. Sellers, from Enterprise to Coffee Springs, Geneva county.

Died—J. D. Blue, Elba.

---

(17) COLBERT COUNTY MEDICAL SOCIETY, Montgomery, 1881.

OFFICERS.

President—L. W. Chapman.....Tuscumbia
Vice-President—W. H. Greer.....Sheffield
Secretary-Treasurer—C. W. Williams.....Cherokee
County Health Officer—W. L. Dinsmore.....Tuscumbia

Censors—R. L. Montgomery, Chairman, Tuscumbia; W. H. Greer, Tuscumbia; D. H. Walker, Tuscumbia; W. J. Maxwell, Sheffeld; C. W. Williams, Cherokee.

Digitized by Google

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Adams, Wily Simeon, mc univ Georgia 08, State Board 10, Cherokee.

Blake, Wyatt Heflin, mc Vanderbilt 83, cb Randolph 87, Sheffield.

Chapman, Leland Woodward, mc univ Alabama 11, State Board 11, Tuscumbia.

Dinsmore, David Finley, univ Louisville 72, cb Lawrence 87, Tuscumbia.

Dinsmore, William Lewis, mc Vanderbilt 81, cb Lawrence 82, Tuscumbia.

Dyer, Walter Harmon, P. & S., Atlanta 11, State Board 11, Sheffield.

Evans, Richard Curtis, mc univ South 05, cb Jefferson 05, Sheffield.

Finley, William Albert, ng, State Board 09, Maud.

Griffith, Howard Asa, mc Birmingham 07, cb Jefferson 07, Sheffield.

Gray, Edward Waters, mc Birmingham 09, State Board 10, Sheffield.

Greer, William H., mc Grant univ 00, cb Lawrence 00, Sheffield.

Littlepage, George Frederick, mc Tulane 09, State Board 07, Sheffield.

Masterson, John H., mc Louisville 89, cb Colbert 89, Leighton.

Maxwell, Walter John, mc univ South 01, cb Tuscaloosa 01, Sheffield.

Montgomery, Orlando Houston, mc Memphis Hosp. 11, reciprocity with Mississippi 19, Tuscumbia.

Montgomery, Robert Lee, mc Memphis Hosp. 04, cb 05, Tuscumbia.

Neill, Luther C., mc Columbia univ 04, cb Bibb 04, Leighton.

Palmer, Charles Richard, mc univ Tennessee 15, State Board 15, Sheffield.

Pierce, William M., mc Memphis Hosp. 03, cb Cullman 04, Tuscumbia.

Roan, Avery M., mc Chicago M. & S., 14, State Board 14, Sheffield.

Walker, David Harris, mc Vanderbilt 81, cb Colbert 81, Tuscumbia.

Whitman, Clayborne Russell, mc Birmingham 09, State Board 09, Tuscumbia.

Williams, Charles Washington, mc Vanderbilt 73, cb Colbert 81, Cherokee.

Total, 23.

Digitized by Google

PHYSICIANS NOT MEMBERS.

Davis, Arthur W. (col), mc Meharry 03, cb Colbert 03, Tuscumbia.
Harris, J. Monroe, ng (,claims county license 91, but not in record), Cherokee, Star Rt.
Howell, James R., mc Memphis Hosp. 04, cb Franklin 04, Tuscumbit.
Meriweather, Frank V., mc Atlanta 08, State Board 08, Muscle Shoals.
O'Reilly, John Edward, mc Alabama 74, cb Colbert 84, Cherokee.
Ruffin, Washington W. (col.), mc Leonard 08, cb Montgomery 08, Sheffield.
Total, 6.

Moved into the county—L. C. Neil, from Lawrence county; F. V. Merriweather, from Samson, Geneva county, to Sheffield; J. R. Howell, from Vina, Franklin county, to Sheffield.

Moved out of the county—A. R. Hasfield, to Florence.

Died—C. T. Morris.

---

(18) CONECUH COUNTY MEDICAL SOCIETY, Selma, 1879.

OFFICERS.

President—W. A. Haggard.....Brooklyn
Vice-President—U. L. Jones.....Brooklyn
Secretary-Treasurer—W. F. Betts.....Evergreen
County Quarantine Officer—W. G. Hairston.....Evergreen

Censors—W. F. Betts, Chairman, Evergreen; P. B. Skinner, Belleville; G. G. Newton, Evergreen; W. A. Blair, Herbert; W. G. Hairston, Evergreen.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Betts, William Franklin, mc Tulane 92, cb Monroe 92, Evergreen.
Blair, Wesley A., mc Tulane 05, State Board 04, Herbert.
Carter, Joel H., mc Alabama 10, State Board 10, Castleberry.
Haggard, William Andrew, mc Alabama 11, State Board 11, Brooklyn.

Digitized by Google

Hagood, John W., mc Alabama 98, cb Lowndes 98, Evergreen.
Hairston, William George, mc Maryland 04, State Board 04, Evergreen.
Jones, Urban Louis, mc Missouri 04, cb Geneva 04, Brooklyn.
Kelly, Edward Lamar, mc Alabama 00, cb Conecuh 05, Repton.
Newton, Guy Guerdon, mc Alabama 97, cb Conecuh 97, Evergreen.
Rubach, Carl, mc Memphis Hosp. 94, cb Conecuh 96, Evergreen.
Skinner, Percy B., mc Alabama 05, cb Conecuh 05, Belleville.
Stallworth, Emmet Lemuel, mc Alabama 94, cb Conecuh 94, Evergreen.
Total, 12.

HONORARY MEMBERS.

Belo, Frederick A., mc Jefferson 70, old law, Evergreen.
Fountain, Hugh Thomas, mc Alabama 72, cb Monroe 72, Burnt Corn.
Holland, Richard Thomas, mc Alabama 90, cb Escambia 90, Castleberry.
Total, 3.

The following dentists have been elected honorary members of the society: J. R. Brooks, H. H. Kendrick and T. B. McDonald, of Evergreen; M. L. Holb and S. H. Gunter, of Repton; B. D. Dozier, of Brooklyn, and H. C. Fountain, of Burnt Corn.

PHYSICIANS NOT MEMBERS.

Ferguson, A. M., mc Alabama 03, cb Baldwin 03, Bermuda.
Justice, Frank M., mc Alabama 07, cb Geneva 07, Castleberry.
Moorer, Walter Bozeman, mc Birmingham 03, cb Butler 03, Repton.
Smith, Robert Lee, mc Louisville 91, cb Jefferson 91, Range.
Total, 4.

Moved into the county—W. G. Hairston, from Burnt Corn to Evergreen; F. M. Justice, from Repton to Castleberry; W. B. Moorer, from Tallassee, Elmore county, to Repton.

Moved out of the County—K. R. Cammack, from Evergreen, Rt. A, to Mobile; J. A. Franklin (col.), from Evergreen to Plateau, Mobile county.

Digitized by Google

(19) COOSA COUNTY MEDICAL SOCIETY, Birmingham, 1883.

OFFICERS.

President—W. H. Moon.....Goodwater
Vice-President—J. O. Griffin.....Goodwater
Secretary-Treasurer—A. K. Whetstone.....Goodwater, Rt. 3
County Quarantine Officer—Julius Jones.....Rockford

Censors—J. A. M. Nolen, Chairman, Equality; Julius Jones, Rockford; J. A. R. Chapman, Kellyton; A. K. Whetstone, Goodwater, Rt. 3.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Argo, Eugene, mc Vanderbilt 91, cb 91, Goodwater.
Cousins, Sam Townsend, mc Birmingham 10, State Board 12, Equality.
Chapman, John A. R., mc univ Alabama 12, State Board 12, Kellyton.
Dunlap, W. B., ng, botanist, 83, cb 83, Hollins.
Griffin, James Olin, mc univ Alabama 00, cb Clay 00, Goodwater.
Jones, Julius, mc Vanderbilt 84, cb 84, Rockford.
Maxwell, Cecil Kelly, mc Alabama 91, cb 92, Kellyton.
Moon, William Henry, mc Alabama 79, cb 83, Goodwater.
Nolen, John A. M., univ Alabama 04, cb 04, Equality.
Pruett, James W., mc Alabama 92, cb 92, Weogufka.
Whetstone, Adair K., mc Birmingham 14, State Board 14, Goodwater, Rt. 3.
Total, 11.

PHYSICIANS NOT MEMBERS.

Hunter, John T., mc Birmingham 01, cb 01, Equality.
Jowers, Samuel F., mc Atlanta 82, cb Coosa 83, Dallas.
Salter, P. P., ng, cb 83, Goodwater.
Total, 3.

Moved into the county—A. K. Whetstone, from Sylacauga, Talladega county, to Goodwater, Rt. 3.

Died—A. J. Peterson, October, 1919, chronic intestinal nephritis; J. A. Penton, November, 1919.

Digitized by Google

(20) COVINGTON COUNTY MEDICAL SOCIETY, Montgomery, 1888.

OFFICERS.

President—William Blair ..... Andalusia
Vice-President—Ferrin Young ..... Florala
Secretary-Treasurer—L. B. Underwood ..... Andalusia
County Quarantine Officer—Sheriff H. B. Gantt ..... Andalusia

Censors—T. Q. Ray, Chairman, Andalusia; J. C. McLeod, Opp; J. W. Fleming, Lockhart; L. B. Underwood, Andalusia; H. W. Jordan, Red Level.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Adams, Edward L., mc Alabama 97, cb 97, Florala.
Battle, Henry E., mc univ Tennessee 96, State Board 97, Andalusia.
Blair, William M., mc univ Alabama 10, State Board 10, Gantt.
Bozeman, Thomas C., mc Alabama 92, cb 92, Gantt.
Broughton, Louis Edward, mc Tulane 93, cb Butler 93, Andalusia.
Campbell, Daniel J., mc Mississippi 09, State Board 09, Dozier, R. F. D.
Chapman, Charles Hicks, mc Tulane 09, State Board 09, Andalusia.
Chesshire, John G., mc Grant univ 01, cb 01, Falco.
Dalton, Toby E., mc Georgia Eclectic 04, cb Coffee 95, Opp.
Fleming, John W., mc Alabama 08, State Board 08, Lockhart.
Gallaway, Fletcher W., mc Memphis Hosp. 03, cb Houston 03, Florala.
Gresham, George L., mc Tulane 05, Covington 05, Andalusia.
Jordon, Henry Washington, mc Memphis Hosp. 12, State Board 12, Red Level.
McLeod, John C., mc Alabama 04, cb Barbour 04, Opp.
Miller, Robert L., mc Georgia Eclectic 94, cb Covington 94, Florala, and Paxton, Fla.
Nix, George C., mc unix Texas 04, cb Chilton 04, Opp.
Parker, Lorenzo Dowe, mc univ Alabama 01, cb 01, Andalusia.
Pennington, James C., mc univ Tennessee 94, cb Crenshaw 94, Andalusia.
Pierson, Clyde Thomas, mc univ Alabama 11, State Board 11, Lockhart.

Digitized by Google

Pierson, Whatley W., mc Alabama 99, cb Covington 99, River Falls.
Ray, Thomas Q., mc Atlanta Southern 95, cb Crenshaw 95, Andalusia.
Richards, Albert M., mc Maryland 04, State Board 08, Andalusia.
Smith, Eugene R., mc Markyland 04, State Board 04, Andalusia.
Smith, William R., mc Alabama 86, cb Butler 86, Red Level.
Stewart, Benjamin C., mc Alabama 00, cb Pike 00, Opp.
Terry, James Edward, mc Alabama 02, cb Hale 02, Red Level.
Underwood, Laben Benjamin, mc univ Alabama 18, State Board 18, Andalusia.
Waters, Hinton W., mc univ Alabama 13, State Board 13, Falco.
Wood, Gordon L., mc univ Alabama 11, State Board 11, Andalusia.
Wynn, Andrew Lee, mc univ Maryland 89, cb 03, Florala.
Young, Ferrin, mc Vanderbilt 09, State Board 09, Florala.
Total, 31.

Moved into the county—C. H. Chapman, from Geneva, Geneva county, to Andalusia; C. T. Pierson, from Quinton, Walker county, to Lockhart; L. B. Underwood, to Andalusia; G. L. Wood, from Haleburg, Henry county, to Andalusia.

---

(21) CRENSHAW COUNTY MEDICAL SOCIETY, Mobile, 1882.

OFFICERS.

President—J. B. Moxley.....Brantley
Vice-President—H. S. Abercrombie.....Petry
Secretary-Treasurer—J. O. Foster.....Luverne
County Quarantine Officer—Mr. J. N. Pollard.....Luverne

Censors—W. T. Bayles, Chairman, Luverne; W. H. Bell, Searight; S. J. Naftel, LaPine; J. G. Gilchrist, Brantley; A. J. Jones, Highland Home.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Abercrombie, Henry S., ng, State Board 98, Perty.
Bayles, Willard T., mc Atlanta 02, cb Monroe 02, Luverne.
Bell, Walter Houston, mc univ Nashville 06, cb 06, Searight.

Digitized by Google

Donovan, Harry A., mc univ Louisville 07, cb 07, Patsburg.
Ford, Julian C., mc P. & S., St. Louis 96, cb 96, Bradleyton.
Foster, James Oscar, mc P. & S., Atlanta 06, cb 06, Luverne.
Gilchrist, James G., mc univ Alabama 13, State Board 13, Brantley.
Horn, Joseph Robert, mc Alabama 87, cb 87, Luverne.
Horn, Richard, Kersy, mc Georgia Eclectic 81, cb 84, Brantley.
Jones, Andrew Jackson, mc Kentucky 85, cb 85, Highland Home.
Jordan, Samuel E., mc Tulane 05, cb 05, Highland Home.
Kendrick, Bishop Marvin, mc Alabama 03, cb 03, Luverne.
May, Sam W., mc P. & S., Baltimore 82, cb 82, Brantley.
Merrill, Joseph Porter, mc Memphis Hosp. 02, cb 02, Dozier.
Morgan, Manley Lane, mc Alabama 03, cb 03, Luverne.
Moxley, Joseph Benjamin, mc Georgia Eclectic 99, cb 99, Brantley.
Naftel, St. John, mc Vanderbilt 80, cb 80, LaPine.
Rogers, William T., mc Alabama 00, cb 01, Luverne.
Sheppard, Charles Webb, mc Atlanta Southern 91, cb Butler 91, Honoraville.
Stallings, Thomas Daniel, mc Alabama 89, cb Lowndes 89, Dozier.
Tankersley, Felix M. T., mc univ Tennessee 85, cb 85, Luverne.
Traumer, George Henry, mc univ Alabama 07, cb 07, Brantley.
Watkins, Martin L., mc Vanderbilt 99, cb 99, Glenwood.
Total, 23.

Moved into the county—W. T. Bayles, from Monroeville, Monroe county; T. D. Stallings, from Greenville, Butler county.

Moved out of the county—E. E. Pollard, to Bessemer.

Died—J. E. Kendrick, February 19, 1920, of senility.

---

(22) CULLMAN COUNTY MEDICAL SOCIETY, Anniston, 1886.

OFFICERS.

President—G. Hartung.....Cullman
Vice-President—Luther Hays.....Cullman
Secretary—W. H. Price.....Cullman
Treasurer—G. Hartung.....Cullman
County Quarantine Officer—W. T. Cossey.....Cullman

Censors—G. Hartung, Chairman, Cullman; E. D. McAdory, Cullman; E. C. Herrin, Cullman; J. C. Martin, Cullman; J. D. Parker, Cullman.

Digitized by Google

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Baird, Robert Henry, mc Alabama 92, cb Blount 93, Cullman (retired).

Brindley, Bethea Portis, mc Georgia Eclectic 92, cb 92, Cullman, R. F. D.

Cleere, Ruel C., mc Birmingham 09, State Board 13, Arkadelphia.

Cornelius, Luther Barnett, mc Birmingham 12, State Board 13, Vinemont, Rt. 1.

Casserly, Edward Atherstone, mc Chicago M. & S. 17, State Board 19, Joppa.

Cossey, William Thomas, mc Atlanta Southern 91, cb 96, Cullman.

Culpepper, Rufus Alva, mc Chicago M. & S. 14, State Board 15, Cullman.

Dodson, Robert Bruce, mc univ Alabama 13, State Board 13, Cullman.

Graf, Charles Christopher, mc Birmingham 13, State Board 14, Hanceville.

Hale, Prior, old law, cb Morgan 80, Vinemont, Rt. 2.

Hartung, Gottlob, mc Wurzburg 78, cb 92, Cullman.

Hays, Luther, mc Chattanooga 00, cb 01, Cullman.

Herrin, Charles Edward, mc Chattanooga 02, cb 02, Cullman.

Hughes, J. W., mc Lyola univ, Chicago 16, State Board 17, Cullman.

Humphries, Robert D., mc Georgia Eclectic 92, cb 96, Vinemont, Rt. 3.

Marsh, Joseph Stewart, mc Chicago M. & S. 17, State Board 18, Joppa.

Martin, Asa Price, mc Chattanooga 97, cb Morgan 97, Cullman.

Martin, James Cordie, mc Chattanooga 05, cb Morgan 05, Cullman.

May, William Lucius, mc Memphis 97, State Board 97, Hanceville.

McAdory, Edward Dudley, mc Birmingham 14, State Board 15, Cullman.

Parker, James Doc, mc Memphis Hosp. 99, cb 01, Cullman.

Price, William Henry, mc univ Tennessee 90, cb Cleburne 98, Cullman, Rt. 8.

Puckett, Robert H., mc Birmingham 07, cb St. Clair 07, Joppa.

Sudduth, Toll H., mc Birmingham 15, State Board 15, Hanceville.

Watts, Henderson S., mc Atlanta 02, cb 02, Hollypond.

White, Charles Peyton, mc Memphis 09, State Board 13, Cranehill.

Winn, John Thomas, mc univ Tennessee 93, cb 93, Cullman.

Digitized by Google

Yielding, John, mc Chattanooga 94, cb 94, Hanceville.
Total, 28.

Note.—The present address of Dr. E. A. Casserly is U. S. Army General Hospital 28, Fort Sheridan, Ill.

PHYSICIANS NOT MEMBERS.

Armstrong, Jesse Irom, mc Chattanooga 93, cb Blount 93, Cullman.
Burnum, Francis B., ng, cb 86, Arkadelphia.
Walling, J. H., old law, cb 86, Vinemont.
Total, 3.

---

(23) DALE COUNTY MEDICAL SOCIETY, Tuscaloosa, 1887.

OFFICERS.

President—L. A. Windham.....Daleville
Vice-President—J. L. Reynolds.....Ozark
Secretary-Treasurer—M. O. Grace.....Ozark
County Quarantine Officer—R. D. Reynolds.....Ozark

City Health Officers—E. B. Ard, Ozark; A. J. Morris, Newton; I. A. Black, Midland City; A. C. Stovall, Pinckard.

Censors—E. B. Ard, Chairman, Ozark; I. A. Black, Midland City; A. J. Morris, Newton; H. L. Holman, Ozark; R. D. Reynolds, Ozark.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Ard, Erastus Buron, mc Vanderbilt 87, cb Dale 87, Ozark.
Black, Irby Andrew, mc univ Alabama 10, State Board 11, Midland City.
Cotter, William Arnice, mc univ Louisville 09, State Board 10, Ozark.
Dykes, Hillis Robert, mc univ Alabama 17, State Board 17, Ariton.
Espy, Curtis, mc univ South 04, cb Henry 04, Midland City.
Grace, Malcom O., mc Vanderbilt 09, State Board 10, Ozark.
Holman, Henderson Looney, mc Memphis 98, cb Monroe 98, Ozark.
Matthews, Augustus Douglas, mc univ Alabama 11, State Board 13, Ariton.

Digitized by Google

Mixson, Daniel Porter, mc Atlanta P. & S. 02, cb Coffee 02, Skipperville.

Morris, Andrew Jackson, mc Atlanta Southern 87, cb Geneva 89, Newton.

Parrish, William A., mc Nashville 09, State Board 10, Midland City.

Reynolds, John Leonard, mc univ Alabama 07, cb Dale, Ozark.

Reynolds, Robert Davis, mc univ Alabama 05, cb Dale 05, Ozark.

Stovall, Hugh C., mc Atlanta 08, State Board 09, Pinckard.

Windham, Lewis Anthony, mc Atlanta 16, State Board 16, Daleville.

Pruett, David P., mc Alabama 09, State Board 09, Ozark, R. F. D.

Total, 16.

PHYSICIANS NOT MEMBERS.

Cullen, F. B., ng, State Board 97, Ozark.

McGhee, Moses, mc Atlanta 98, cb Henry 06, Daleville.

Shell, Lovic Pierce, mc Vanderbilt 05, cb Barbour 05, Newton.

Townsend, Alfred L., mc univ Nashville 99, cb Pike 99, Daleville.

Weems, William M., mc Alabama 91, cb Henry 91, Clopton.

Total, 5.

Moved into the county—H. R. Dykes, from Army to Ariton.

Moved out of the county—W. D. Mixson, from Midland City to Waycross, Ga.; J. H. Patton, from Ariton to Tuscaloosa.

Died—W. R. Smith, Pinckard.

---

(24) DALLAS COUNTY MEDICAL SOCIETY, Montgomery, 1875.

OFFICERS.

President—W. W. Harper.....Selma
Vice-President—Baxter Rittenberry.....Burnsville
Secretary-Treasurer—P. Y. Donald.....Selma
County Quarantine Officer—W. W. Burns.....Selma
City Health Officer—W. W. Burns.....Selma

Censors—S. G. Gay, Chairman, Selma; F. G. DuBose, Selma; S. Kirkpatrick, Selma; W. W. Harper, Selma; J. S. Chisolm, Selma.

Digitized by Google

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Alison, Samuel Blakemore, mc Kentucky School of Med. 89, cb Dallas 93, Minter R. F. D. (Corlowville).

Burns, William Wilkes, mc Tulane 15, State Board 16, Selma.

Callaway, Eugene, mc univ Virginia 04, Bellevue 05, State Board 10, Selma.

Chapman, John Thomas, mc Alabama 86, cb Marengo 87, Selma.

Chisolm, James Satterfield, mc Tulane 05, cb 06, Selma.

Chisholm, Robert Patrick, mc univ Alabama 93, cb 93, Summerfield.

Doherty, Drayton H., mc Johns Hopkins 15, State Board 15, Selma.

Donald, Joseph Glenn, mc Tulane 11, State Board 11, Marion Junction.

Donald, James Marion, mc Alabama 84, cb 84, Marion Junction.

Donald, Pressly Young, mc Tulane 15, State Board 15, Selma.

DuBose, Francis Goodwin, mc Tulane 93, cb Talladega 93, Selma.

Edwards, Daniel B., mc Alabama 98, cb 98, Tyler, R. F. D.

Elebash, Clarence C., mc Tulane 09, State Board 11, Selma.

Feulner, Charles Daniel, mc Kentucky School Med. 98, State Board 06, Selma, R. F. D.

Furniss, John Neilson, mc univ Virginia 00, Bellevue 01, cb 03, Selma.

Gay, Samuel Gilbert, mc Alabama 87, cb 87, Selma.

Harper, William Wade, mc Tulane 91, cb 91, Selma.

Jones, Lee, mc univ Virginia 09, State Board 10, Selma.

Kenan, James, mc univ Virginia 97, cb 04, Selma.

Kendall, William Quinton, mc P. & S. Baltimore 80, cb 80, Berlin.

Kirkpatrick, Samuel, mc univ Vanderbilt 88, cb 88, Selma.

Lockhart, Thomas Earnest, mc Tulane 90, cb Perry 90, Selma.

Maas, Monroe A., mc Johns Hopkins 11, State Board 11, Selma.

Martin, Jesse H., mc Memphis Hosp. 10, State Board 10, Selma.

Martin, Thomas Marion, mc Vanderbilt 99, cb Chilton 99, Plantersville.

Moss, Phillip Ball, mc Johns Hopkins 09, State Board 10, Selma.

Moore, Lawrence Henry, mc univ Alabama 01, cb 01, Orrville.

Pegues, Charles Ives, mc Tulane 93, cb 96, Safford.

Phillips, William Crawford, mc Tulane 78, cb 78, Selma.

Pullen, Clarence Joseph, ng, 1 course Miami M. C., State Board 05, Selma.

Pickering, Alfred Burt, mc univ Alabama 11, State Board 11, Selma.

Digitized by Google

Riggs, Samuel Watt, mc P. & S., Baltimore 93, State Board 93, Pleasant Hill.

Rittenberry, Baxter, mc Birmingham 99, cb St. Clair 99, Burnsville.

Rogan, Barney Burns, mc Grant univ 96, cb 96, Selma.

Skinner, Ira Clifton, mc Birmingham 01, cb 01, Selma.

Skinner, Marcus M., mc univ Alabama 12, State Board 12, Selma.

Smith, James Cephas, mc univ Alabama 05, cb Greene 05, Browns.

Strickland, Mack Wilton, mc univ Alabama 00, cb Lowndes 01, Minter, R. F. D.

Stuart, William W., mc Kentucky School Med. 94, cb Wilcox 94, Selma, Rt. 1.

Sutton, Robert Lee, mc Columbia 89, cb Lee 89, Orrville.

Wallace, Archibald D., mc Memphis Hosp. 07, cb Autauga 07, Plantersville.

Ward, Edward Burton, mc univ New York 82, cb Hale 82, Selma.

Total, 42.

PHYSICIANS NOT MEMBERS.

Bowen, William, mc Leonard 10, State Board 11, Selma.

Burwell, Lincoln Laconia (col.), mc Leonard 89, State Board 89, Selma.

Dinkins, Pauline, mc Woman's College Pennsylvania 19, State Board 19, Selma.

Harrell, William Somerville, mc Tulane 04, cb 04, Pleasant Hill.

Moorer, John Wesley (col.), mc Meharry 99, cb Clarke 99, Selma.

Walker, Nathaniel D., mc Leonard 13, State Board 15, Selma.

Wilson, John W., mc Vanderbilt 03, cb 03, Orrville.

Total, 7.

Moved into the county—P. Y. Donald, from Jackson, La., to Selma; Pauline Dinkins, first location.

Moved out of the county—Milner Eskew, from Selma to Army; L. McC. Walker, from Burnsville to Jasper; R. B. Gaston, from Central Mills to Thomasville; T. J. Ray, from Selma to Riderwood, Choctaw county; A. B. Pickering, from Plantersville to Maplesville, Chilton county.

Died—T. G. Howard, Goldsby King, E. B. Mosely.

Digitized by Google

(25) DEKALB COUNTY MEDICAL SOCIETY,

Greenville, 1895.

OFFICERS.

President—C. D. Killian.....Collbran, R. F. D.
Vice-President—T. H. Appleton.....Collinsville
Secretary-Treasurer—W. E. Quinn.....Fort Payne
County Quarantine Officer—Mr. R. L. Harris.....Chavies

Censors—W. S. Duff, Chairman, Fort Payne; A. L. Isbell, Crossville, R. F. D.; T. H. Appleton, Collinsville; C. D. Killian, Collbran, R. F. D.; Olin May, Fort Payne.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Appleton, Thomas Hayne, mc Chattanooga 92, cb 92, Collinsville.
Black, John Hugh, mc Georgia Eclectic 93, cb 93, Crossville.
Clayton, Olney Walker, mc Chattanooga 07, cb 07, Fort Payne.
Duff, William Sayers, mc Alabama 89, cb 90, Fort Payne.
Gaines, James Thomas, mc Alabama 13, State Board 14, Crossville.
Hicks, William Preston, mc Birmingham 13, State Board 14, Collinsville.
Isbell, Arthur Levi, mc Birmingham 12, State Board 12, Crossville, R. F. D.
Johnson, Curtis, mc univ Tennessee 11, State Board 11, Sylvania.
Killian, Claud Dallas, mc Birmingham 13, State Board 14, Collbran, R. F. D.
McWhorter, Horace Pucket, mc Vanderbilt 81, cb 85, Collinsville.
Philips, James Benager, mc univ Louisville 10, State Board 10, Henegar.
Quinn, William Everett, mc Kentucky School Med. 81, cb 85, Fort Payne.
Warren, William Ernest, mc univ Alabama 05, cb 05, Fort Payne.
Weathington, Lee, mc univ Alabama 13, State Board 13, Crossville.
Wilson, Dilimus Wesley, mc Chattanooga 00, cb Marshall 01, Fyffe.
Wright, Charles Wesley, mc Alabama 93, cb 93, Fort Payne.
Wright, William Ira, mc Vanderbilt 90, cb 90, Dawson.
Total, 17.

Digitized by Google

PHYSICIANS NOT MEMBERS.

Bogle, Joseph Hogan, mc Vanderbilt 00, cb 00, Collinsville.
Breeland, E. E., mc Barnes univ 03, cb Baldwin 05, Valley Head.
Clayton, Archer Leonard, mc Chattanooga 95, cb 95, Sylvania.
Dowdy, Lee, mc Chattanooga 03, cb Marshall 03, Painter.
Green, Philmer Bruce, mc Vanderbilt 75, cb 85, Fort Payne.
Green, William M., mc Vanderbilt 77, cb 77, Fort Payne.
Hall, John Decard, mc Atlanta Southern 92, cb 97, Chavies.
Hansard, William Simeon, mc Chattanooga 07, cb 07, Henegar, R. F. D.
May, Olin, mc Chattanooga 94, cb Marshall 99, Fort Payne.
Parris, Briggs, univ Tennessee 13, State Board 14, Crossville, R. F. D.
Smith, Samuel Parish, mc Kentucky School Med., 88, cb 89, Crossville.
Winston, John Nelson, mc Louisville 66, cb 85, Valley Head.
Wyatt, J. J., ng, cb 89, Crossville, R. F. D.
Total, 13.

Moved into the county—E. E. Breeland, from Millry, Washington county, to Valley Head.

Moved out of the county—M. T. Floyd, to Jefferson county; J. A. Wheeler, to Etowah county.

---

(26) ELMORE COUNTY MEDICAL SOCIETY, Birmingham, 1877.

OFFICERS.

President—J. A. Howle.....Eclectic
Vice-President—R. L. Huddleston.....Deatsville
Secretary-Treasurer—J. W. Ray.....Wetumpka
County Health Officer—O. S. Justice.....Central

City Health Officers—E. P. Moon, Wetumpka; Jesse Gulledge, Tallassee; J. A. Howle, Eclectic.

Censors—W. M. Gamble, Chairman, Wetumpka; R. L. Huddleston, Deatsville; J. A. Howle, Eclectic; Jesse Gulledge, Tallassee; E. P. Moon, Wetumpka.

Digitized by Google

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Barnett, Clifford N. T., mc Alabama 05, cb Crenshaw 05, Deatsville.
Boswell, Franklin A., mc Alabama 00, cb Pike 00, Speigners.
Coker, Robert Harold, mc Alabama 15, State Board 15, Tallassee.
Gamble, William Melvin, mc Louisville 87, cb Jefferson 87, Wetumpka.
Gulledge, Jesse, mc Alabama 00, cb Elmore 00, Tallassee.
Hanson, W. C., mc Atlanta 81, cb Tallapoosa 81, Eclectic.
Harmon, James Samuel, mc Chattanooga 07, cb Elmore 07, Elmore.
Howle, James Augustus, mc Alabama 90, cb Elmore 90, Eclectic.
Huddleston, Robert Lee, mc univ Georgia 90, cb Elmore 90, Deatsville.
Justice, Oscar Suttle, mc Alabama 85, cb Elmore 85, Central.
Moon, Eddie P., mc Vanderbilt 98, cb Elmore 98, Wetumpka.
Owsley, W. M., mc Alabama 14, State Board 14, Eclectic.
Powell, Oscie C., mc Chattanooga 02, cb Elmore 03, Titus.
Ray, James Ware, mc Tulane 10, State Board 09, Wetumpka.
Sewell, Jabez Wesley, mc Alabama 90, cb Elmore 90, Titus.
Moore, E. M., mc Alabama 12, State Board 13, Central.
Total, 16.

HONORARY MEMBERS.

Cook, Conrad E., mc Tulane 73, State Board 95, Wetumpka, R. F. D.
Milner, Samuel R., mc Alabama 94, cb Elmore 97, Eclectic.
Nix, Inge Ringold, mc South Carolina 67, cb Elmore 84, Deatsville.
Total, 3.

PHYSICIANS NOT MEMBERS.

Lett, Harrison T., mc Louisville 76, cb Elmore 94, Eclectic.
Lett, E. R., mc Louisville 05, cb Elmore 07, Tallassee.
Williams, Charles Elias, mc Alabama 04, cb Macon 04, Tallassee.
Total, 3.

Moved out of county—S. F. Jowers, to Richville, Coosa county; J. M. Weldon, to Mobile.

Digitized by Google

(27) *ESCAMBIA COUNTY MEDICAL SOCIETY, Greenville, 1886.

OFFICERS.

President—R. A. Smith.....Brewton
Vice-President—F. L. Abernathy.....Flomaton
Secretary-Treasurer—M. H. Hagood.....Brewton
County Quarantine Officer—M. H. Hagood.....Brewton

City Health Officers—L. B. Farish, Brewton; D. H. Finlay, Pollard; Floyd Abernathy, Flomaton; J. P. McMurphy, Atmore.

Censors—L. B. Farish, Chairman, Brewton; C. E. Sellers, McCullough; Clark Hill, Canoe; A. P. Webb, Atmore; F. L. Abernathy, Flomaton.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Abernathy, William Lordin, mc Alabama 94, cb Monroe 94, Flomaton.
Abernethy, Floyd Lamar, mc Alabama 16, State Board 16, Flomaton.
Chessher, John G., mc Grant univ 01, cb Covington 01, Falco.
Farish, Lawrence Buckner, mc Alabama 01, cb Monroe 01, Brewton.
Finlay, David Hume, mc Alabama 00, State Board 08, Pollard.
Hagood, Middleston Howard, mc Alabama 98, cb Lowndes 98, Brewton.
Hill, Clark, mc Alabama 11, State Board 11, Canoe.
Martin, John Elisha, ng, cb Bullock 79, Brewton, Rt. 3.
Mason, Francis Henry, mc Alabama 91, cb Monroe 91, Brewton.
McMurphy, James Patrick, mc univ Alabama 06, cb Monroe 06, Atmore.
Peavy, Julius Franklin, mc Alabama 88, cb Washington 88, Atmore.
Phillip, Nathan R., mc univ South 01, cb 02, Local.
Rose, Joseph Everett, mc Alabama 09, State Board 09, Brewton.
Salley, George William, mc Memphis Hosp. 03, cb Butler 03, Atmore.
Sellers, Clarence E., mc Alabama 04, cb Chilton 04, McCullough.
Shaw, Rowell W., mc Memphis Hosp. 00, cb Washington 00, Foshee.
Smith, Russell Aubrey, mc Alabama 00, cb Monroe 00, Brewton.
Stallworth, James Patrick, mc P. & S. Atlanta 07, cb 07, Canoe.

Digitized by Google

Tippin, Phillip Henry Mulcahy, mc univ Alabama 94, cb 94, Brewton.

Webb, Alfred Peellar, mc Alabama 96, cb Washington 97, Atmore. Total, 20.

Note.—No report for 1920 having been received the report as published in 1919 Transactions is reproduced.

---

(28) ETOWAH COUNTY MEDICAL SOCIETY, Eufaula, 1878.

OFFICERS.

President—E. S. Jones.....Gadsden
Vice-President—G. L. Faucett.....Gadsden
Secretary—M. P. Hughes.....Gadsden
Treasurer—J. Q. Morgan.....Gadsden
County Health Officer—C. L. Murphree.....Gadsden

City Health Officers—C. L. Murphree, Gadsden; E. K. Hanby, Attalla; W. H. Acton, Alabama City; I. J. Samuels, Altoona.

Censors—J. P. Stewart, Chairman, Attalla; J. M. Brown, Gadsden; E. S. Jones, Gadsden; H. V. Baskin, Murry Cross; W. H. Acton, Alabama City.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Acton, William H., mc Vanderbilt 88, cb Jefferson 88, Alabama City.

Appleton, Hugh Lounze, mc Vanderbilt 92, cb Cherokee 92, Gadsden.

Baker, David H., mc Vanderbilt 82, cb Macon 83, Gadsden.

Ballard, Ira C., mc Chattanooga 00, cb Cherokee 00, Gadsden.

Baskin, Herschel Virgil, mc Alabama 98, cb Cherokee 98, Murray Cross.

Bass, Herschel Winston, mc Johns Hopkins 06, State Board 06, Gadsden.

Brown, James M., mc Alabama 89, cb Montgomery 89, Gadsden.

Cantrell, Wilson Turner, mc Kentucky 06, cb Marion 06, Alabama City.

Davis, Manley Albert, mc Birmingham 11, State Board 11, Gadsden.

Digitized by Google

Faucett, DeWitt, mc P. & S., Baltimore 09, State Board 09, Gadsden.
Faucett, George L., mc P. & S., Baltimore 03, cb 03, Gadsden.
Ford, William F., mc Vanderbilt 94, cb 95, Hokes Bluff.
Gilliland, Henry Forny, mc Louisville 90, cb 90, Attalla, Rt. 1.
Greet, Thomas Young, mc Tulane 07, State Board 16, Gadsden.
Guice, Charles Lee, mc Grant univ 93, cb Dale 93, Gadsden.
Hanby, Elmus K., mc Birmingham 02, cb St. Clair 02, Attalla.
Hughes, Miles Preston, mc Vanderbilt 06, State Board 05, Gadsden.
Jones, Eli Spear, mc Alabama 83, cb Jefferson 83, Gadsden.
Landers, Franklin Pearce, mc Atlanta 82, cb 82, Gadsden.
Leach, James E., mc univ Nashville 00, cb Blount 00, Gadsden.
McElroy, James Mahlon, mc univ South 01, cb Sumter 02, Attalla.
Morgan, J. Orville, mc Atlanta Medical 16, State Board 17, Gadsden.
Murphree, Claud L., mc Birmingham 02, cb 02, Gadsden.
Nicholson, Lemuel Bradford, mc Vanderbilt 15, State Board 17, Gadsden.
Ralls, Arthur W., mc P. & S., Atlanta 02, cb 02, Gadsden.
Samuels, Ira J., mc univ Nashville 08, State Board 14, Altoona.
Savage, Henry J., mc Tulane 01, cb Conecuh 02, Gadsden.
Shahan, John, mc Tulane 15, cb 15, Gadsden.
Silvey, Gordon E., mc univ Tennessee 10, State Board 10, Gadsden.
Stewart, John Pope, mc Alabama 85, cb 85, Attalla.
Total, 30.

PHYSICIANS NOT MEMBERS.

Anderson, William, mc Memphis Hosp. 06, State Board 05, Glencoe.
Bandy, Edwin C., mc Montezuma 98, cb Shelby 98, Attalla.
Callen, Thomas Edward, mc Alabama 94, cb DeKalb 94, Alabama City.
Camp, Erasmus T., mc Alabama 85, cb Cleburne 85, Gadsden.
Gillespie, William T., mc Grant univ 98, cb Marshall 98, Gadsden.
Gramling, Arthur B., mc Maryland 04, cb 04, Attalla.
Lawrence, J. W., mc Vanderbilt 96, cb 86, Turkeytown (Gadsden, R. F. D.).
Miller, Ira Lee, mc Chicago P. & S. 12, State Board 13, Alabama City.
Slack, John C., mc Louisville 80, cb 80, Hokes Bluff.
Stewart, Guy E., mc Alabama 04, cb 04, Attalla.

Digitized by Google

Wheeler, Joseph Alexander, mc Birmingham 07, cb DeKalb 07, Keener.

Total, 11.

Moved into the county—I. L. Miller, from Edgewater, Jefferson county, to Alabama City; J. C. Slack, from North Birmingham, Jefferson county, to Hokes Bluff; E. C. Bandy, to Attalla; J. A. Wheeler, from Collinsville, DeKalb county, to Keener; W. T. Gillespie, from Boaz, Marshall county, to Gadsden.

Moved out of the county—A. L. Clayton, to Marshall county; W. C. Williams; Robert A. Burns, to U. S. Regular Army.

Died—F. N. Hudson, Gadsden; J. J. Patterson, Boaz, R. F. D.

---

(29) FAYETTE COUNTY MEDICAL SOCIETY, Selma, 1879.

OFFICERS.

President—T. M. Peters.....Fayette
Vice-President—J. A. Branyon.....Fayette
Secretary-Treasurer—O. E. Newton.....Fayette
County Quarantine Officer—A. L. Blakeney.....Newtonville

Censors—J. D. Young, Chairman, Fayette; J. H. Ashcraft, Fayette; O. E. Newton, Fayette; A. L. Blakeney, Newtonville; A. C. Branyon, Fayette.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Ashcraft, J. Harvey, mc univ Alabama 05, cb Pickens 05, Fayette. (Army.)

Ashcraft, Virgil Lee, mc univ Alabama 12, State Board 12, Kennedy, Rt. 2.

Blakeney, A. Lanthus, mc Grant univ 07, cb Lamar 07, Newtonville.

Branyon, A. Curt, mc Memphis Hosp. 03, cb Lamar 03, Fayette.

Branyon, James Alexander, mc Louisville 92, cb Lamar 02, Fayette.

Collins, William Oscar, mc Grant univ 02, cb Winston 03, Berry.

Hollis, Jonathan Shelton, mc Alabama 89, cb Lamar 89, Covin.

Newton, Olin Everett, mc Birmingham 11, State Board 11, Fayette.

Peters, Thomas Marion, mc Alabama 90, cb Fayette 90, Fayette.

Digitized by Google

Wright, David H., mc Vanderbilt 08, State Board 08, Berry.
Young, James Dapsie, mc Memphis Hosp. 94, cb Lamar 94, Fayette.
Total, 11.

PHYSICIANS NOT MEMBERS.

Harton, John Barkley, mc Memphis Hosp. 95, cb Lamar 95, Belk.
Hocut, Lucius Thornton, mc Atlanta 82, cb 82, Fayette, Route 4.
Total, 2.

Moved out of the county—W. W. Long, from Fayette to Birmingham; J. M. Roberts, from Fayette, Rt. 2 ; G. W. Olive, from Berry to Florence, Lauderdale county.

Died—J. G. Smith, Carl B. Blackburn.

---

(30) FRANKLIN COUNTY MEDICAL SOCIETY, Tuscaloosa, 1887.

OFFICERS.

President—T. J. Glasgow ..... Belgreen
Vice-President—T. H. Ford ..... Russellville
Secretary-Treasurer—L. J. Graves ..... Russellville
County Quarantine Officer—W. J. Clark ..... Russellville

City Health Officers—Oscar Copeland, Red Bay; J. A. Thorn, Vina; W. J. Clark, Russellville; J. C. Moore, Hodges.

Censors—T. J. Glasgow, Chairman, Belgreen; L. H. Ford, Russellville; J. R. Sherman, Phil Campbell; F. J. Graves, Russellville; Abner Farned, Russellville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Clark, William J., mc Birmingham 95, cb 96, Russellville.
Copeland, Oscar, mc univ Tennessee 82, cb Marion 83, Russellville.
Farned, Abner, mc Memphis Hosp. 85, cb ....., Russellville.
Ford, Leonard Hugh, mc Chicago M. & S. 15, State Board 15, Russellville.
Graves, Alonzo, mc Beaumont 99, cb 00, Russellville.
Graves, L. J., mc Birmingham 10, State Board 11, Russellville.
Glasgow, Thomas Jefferson, mc univ Alabama 10, State Board 10, Belgreen.

Digitized by Google

Gresham, Walter Asa, mc Vanderbilt 00, cb 00, Russellville.
Harris, Elijah McCollouch, mc Vanderbilt 87, cb 87, Russellville.
Hughes, William Porter, mc Kentucky School Med. 96, cb 97, Russellville.
Moore, John Calvin, mc univ Alabama 08, State Board 08, Hodges.
Sherman, John R., Chattanooga 97, cb Marshall 96, Phil Campbell.
Thorn, James Aaron, mc univ Alabama 03, cb 03, Vina.
Underwood, Andrew Jackson, ng, cb 02, Spruce Pine.
Underwood, Naomi Price, mc Chattanooga 06, cb 06, Phil Campbell.
Underwood, Oscar O., mc Chattanooga 04, cb 04, Phil Campbell.
Underwood, Floyd R., mc Birmingham 12, State Board 12, Pleasant Sight.
Underwood, Nimrod E., mc Chattanooga 00, cb 02, Belgreen.
Waldrep, Archie C., mc univ Louisville 93, cb 93, Red Bay.
White, William Wyatt, ng, cb Marion 85, Russellville.
Total, 20.

Moved out of the county—J. M. Howell, from Vina to Sheffield.

---

(31) GENEVA COUNTY MEDICAL SOCIETY, Montgomery, 1888.

OFFICERS.

President—H. D. Smith.....Malyern
Vice-President—H. C. Riley.....Coffee Springs
Secretary-Treasurer—M. E. Doughty.....Slocomb
County Quarantine Officer—Mr. J. M. Holley.....Samson

City Health Officers—A. E. Vaughn, Geneva; E. Tankersley, Samson; G. W. Williamson, Hartford; M. E. Doughty, Sloocmb; H. C. Riley, Coffee Springs; T. J. Ward, Malvern.

Censors—D. D. Stephens, Chairman, Samson; G. W. Williamson, Hartford; K. B. Williams, Hartford; A. E. Vaughn, Geneva; I. L. Johnson, Samson.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Beasley, James W., mc Alabama 96, cb Pike 96, Geneva.
Bedsole, James, mc Georgia Eclectic 06, cb 06, Hacoda.

Digitized by Google

Chapman, Abner Richard, mc Vanderbilt 88, cb Coffee 88, Geneva.
Dalton, Christopher C., mc Georgia Eclectic 90, cb 91, Slocomb.
Dismukes, Lewis Leon, mc univ Tennessee 99, cb Pike 99, Geneva.
Doughty, Morecai Edward, mc Grant univ 03, cb Walker 03, Slocomb.
Eiland, William Andrew, mc Atlanta Southern 81, cb Pike 84, Samson.
Herring, George H., mc Georgia Eclectic 98, cb 04, Sloocmb.
Hilliard, Charles Wesley, mc univ Alabama 95, cb Pike 95, Geneva.
Holley, John H., mc Alabama 98, cb 98, Samson.
Jay, John D., ng, cb Geneva 88, Pera.
Johnson, Ira Leonidas, mc Memphis Hosp. 03, cb Pike 03, Samson.
Justice, Robert Lee, mc Alabama 94, cb Pike 94, Geneva.
Kirvin, Marion Augustus, mc univ Alabama 13, State Board 13, Samson.
Lewis, Benjamin Jefferson, mc Alabama 99, cb Coffee 99, Samson.
Riley, Henry Clayton, mc Memphis Hosp. 03, cb Henry 03, Coffee Springs.
Powell, Charles B., mc Alabama 00, cb 00, Hartford.
Rivenbark, Jackson J., mc Georgia Eclectic 97, cb 97, Samson.
Rivenbark, Oscar Lee, mc Georgia Eclectic 93, cb 00, Hartford.
Stephens, Dudley D., mc Alabama 95, cb Lowndes 95, Slocomb.
Smith, Gordon W., mc Louisville 92, cb 92, Slocomb.
Smith, Henry Damon, mc univ Alabama 12, State Board 13, Malvern.
Tankersley, Ernest, mc Louisville 07, cb Crenshaw 07, Samson.
Townsend, Alfred L., mc univ Nashville 99, cb Pike 99, Hartford.
Vaughan, Angus Edwin, mc Louisville 05, cb Geneva 05, Geneva.
Ward, Thomas J., old law, cb 88, Malvern.
Williams, Keller Bell, mc univ South 07, State Board 08, Hartford.
Williamson, George W., mc Alabama 93, cb Crenshaw 93, Hartford.
Total, 28.

PHYSICIANS NOT MEMBERS.

Ard, James H., ng, old law, cb 88, Geneva.
Bridges, Barnard T., mc univ Alabama 09, State Board 09, Black.
Fleming, Oscar H., mc Atlanta 94, cb 03, Coffee Springs.
Total, 3.

Moved into the county—C. W. Hilliard, from Dothan, Houston county, to Geneva; J. C. Sellers, from Enterprise, Coffee county, to Coffee Springs Geneva county.

Digitized by Google

Moved out of the county—W. P. Chalker, from Slocomb to Dothan, Houston county; F. V. Meriweather, from Samson, R. F. D., to Sheffield, Colbert county; F. W. Young, from Hartford to U. S. Army.

---

(32) GREENE COUNTY MEDICAL SOCIETY, Selma, 1879.

OFFICERS.

President—M. L. Mallory.....Eutaw
Vice-President—G. A. Moore.....Eutaw
Secretary-Treasurer—M. B. Cameron.....Eutaw

Censors—M. B. Cameron, Chairman, Eutaw; M. L. Malloy, Eutaw; S. G. Hamilton, Knoxville; G. A. Moore, Eutaw; A. P. Smith, Eutaw.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Cameron, Matthew Bunyan, mc Alabama 86, cb Sumter 86, Eutaw.
Hamilton, Samuel Greene, mc univ Alabama 02, cb Elmore 02, Knoxville.
Malloy, Martin Luther, mc Alabama 99, cb Lee 99, Eutaw.
Moore, George Amos, mc Alabama 90, cb Wilcox 90, Eutaw.
Smith, Armand Pfister, mc Kentucky School Med. 75, cb 75, Eutaw.
Smith, Thomas McGifford, mc Kentucky School Med. 07, cb 07, Eutaw.
Smith, Thomas W., mc Kentucky School Med. 94, cb 94, Union.
Trice, Daniel Hall, mc Louisville 03, cb Choctaw 03, Boligee.
Total, 8.

PHYSICIANS NOT MEMBERS.

Carpenter, Nathan H., mc Tulane 98, cb 98, Clinton.
Starkey, Lake Louis, mc Birmingham 02, cb Jefferson 02, Eutaw.
Thetford, Samuel Lewis, mc univ Virginia 99, (no Alabama license), Boligee.
Total, 3.

Moved into the county—N. H. Carpenter, from Birmingham to Clinton.

Digitized by Google

(33) HALE COUNTY MEDICAL SOCIETY, Montgomery, 1875.

OFFICERS.

President—S. C. Carson.....Greensboro
Vice-President—J. P. Borden.....Greensboro
Secretary-Treasurer—C. A. Poellnitz.....Greensboro
County Quarantine Officer—C. A. Poellnitz.....Greensboro

Censors—C. A. Poellnitz, Chairman, Greensboro; C. K. Smith, Greensboro; J. P. Borden, Greensboro; J. R. Griffin, Moundville; T. P. Abernathy, Havana.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Abernathy, Thomas Pinney, mc Memphis Hosp. 99, cb 99, Havana.
Borden, James Pennington, mc Southern univ 75, cb 78, Greensboro.
Carson, Shelby Chadwick, mc Tulane 90, cb 79, Greensboro.
Davis, Andrew Russell, mc Atlanta Southern 90, cb 90, Water Oak.
Dominick, John Robert Franklin, mc Augusta 71, cb 85, Greensboro.
Elliott, Benjamin F., mc Alabama 12, State Board 12, Moundville.
Griffin, Rufus Jackson, mc Alabama 90, cb 90, Moundville.
Ison, Hartford L., mc Atlanta Southern 91, cb Tallapoosa 91, Greensboro.
Jones, Isaac Newton, mc Birmingham 09, State Board 10, Newbern.
Poellnitz, Charles A., mc Tulane 01, cb 01, Greensboro.
Smith, Clarence K., mc univ Alabama 09, State Board 09, Greensboro.
Staples, James Guin, mc univ Louisville 01, cb 01, Gallion.
Waites, William Leslie, mc Birmingham 13, State Board 13, Akron
Total, 13.

PHYSICIANS NOT MEMBERS.

Browder, William M., mc Jefferson 88, cb 88, Gallion.
Gewin, William Christopher, mc Louisville 78, cb 78, Akron.
Spencer, George M., old law, cb 78, Greensboro, R. F. D.
Wylie, James W. (col.), mc Illinois (Lyola) 05, State Board 05, Greensboro.
Young, Henry T., mc univ South 99, cb 99, Greensboro.
Total, 5.

Digitized by Google

Moved out of the county—C. O. Lawrence, from Akron to Maplesville, Chilton county.

---

(34) HENRY COUNTY MEDICAL SOCIETY,
Montgomery, 1883.

OFFICERS.

President—A. L. Whigham.....Newville
Vice-President—T. J. Floyd.....Abbeville
Secretary-Treasurer—L. S. Nichols.....Abbeville
County Quarantine Officer—W. C. Vickers.....Abbeville

Censors—T. J. Floyd, Chairman, Abbeville; S. L. Burdeshaw, Headland; L. A. Coleman, Abbeville; A. L. Whigham, Newville; C. T. Jones, Newville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bird, William A., mc Chattanooga 95, cb Henry 01, Headland.
Burdeshaw, Shelby L., mc unic Nashville 08, State Board 08, Headland.
Coleman, Levy Atticus, mc univ Alabama 12, State Board 13, Abbeville.
Floyd, Thomas J., mc Tulane 07, cb Houston 07, Abbeville.
Hutto, Littleton Thomas, mc univ Alabama 03, cb Henry 03, Newville.
Jones, Carl T., mc univ Alabama 17, State Board 17, Newville.
Nichols, Lucius Sherman, mc Alabama 97, cb Henry 07, Abbeville.
Scott, Marcus T. C., mc Birmingham 97, cb Henry 97, Headland.
Scott, Marvin, mc Birmingham 05, cb Henry 05, Headland.
Vann, James R., mc Alabama 99, cb Henry 00, Abbeville, Rt. 1.
Vickers, William Charles, mc Tulane 08, State Board 08, Abbeville.
Whigham, Arthur L., mc univ Alabama 10, State Board 11, Newville.
Total, 12.

PHYSICIANS NOT MEMBERS.

Blacklidge, John Richard, mc Alabama 89, cb Henry 91, Abbeville.
Long, James B., mc Louisville 82, cb Henry 83, Abbeville.

Digitized by Google

McAlvin, E. G., ng, cb ...., Haleburg.
Steagall, Albert Sidney, mc Alabama 88, cb Dale 88, Abbeville.
Total, 4.

Moved into the county—C. T. Jones, to Newville; returned from Army service.

Moved out of the county—G. T. Wood, from Haleburg to Andalusia.

Died—C. F. Sporman, Headland, February 27, 1920, Bright's disease; L. R. Burdeshaw, Headland, March 6, 1920, Bright's disease.

---

(35) HOUSTON COUNTY MEDICAL SOCIETY, Talladega, 1903.

OFFICERS.

President—R. H. Mooty.....Columbia
Vice-President—J. L. Ellis.....Dothan
Secretary-Treasurer—W. R. Belcher.....Dothan
County Quarantine Officer—Lewis Hilson.....Dothan

City Health Officers—S. O. Carlisle, Dothan; F. G. Granger, Webb; J. F. Yarbrough, Columbia; E. M. Stokes, Ashford; B. C. Chalker, Cottonwood.

Censors—D. M. Hicks, Chairman, Cottonwood; M. S. Davie, Dothan; W. R. Belcher, Dothan; H. Green, Dothan; J. H. Flowers, Newton, Rt. 1.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Andress, David G., mc Chattanooga 04, cb Cullman 04, Madrid.
Atkeson, Clarence L. C., mc P. & S., Baltimore 84, cb Lee 86, Columbia.
Bates, Irby Clyde, mc univ Alabama 11, State Board 11, Taylor.
Belcher, William R., mc Atlanta 89, cb Dale 91, Dothan.
Burdeshaw, Henry B., mc Tulane 16, State Board 19, Dothan.
Burket, Wyatt Thomas, mc Tulane 09, State Board 17, Pansey.
Box, Chester C., mc Tulane 09, State Board 10, Ashford.

Digitized by Google

Campbell, James A., mc univ Oklahoma 15, State Board 20, Dothan.
Carlisle, Samuel Oscar, mc Vanderbilt 94, cb Pike 94, Dothan.
Chalker, Benjamin C., mc Georgia Eclectic 97, cb Geneva 97, Cottonwood.
Chaudron, Percy O., mc univ Alabama 11, State Board 11, Dothan.
Cummins, Manly L., mc univ Alabama 06, cb Pickens 06, Ashford.
Davie, Mercer Stillwell, mc Tulane 09, cb 09, Dothan.
Ellis, James L., mc Memphis Hosp. 86, cb Dale 86, Dothan.
Ellis, John Thomas, mc Emory univ 16, State Board 17, Dothan.
Flowers, James H., mc Baylor univ 05, cb 06, Newton.
Fowler, James T., mc South Carolina 83, cb Henry 83, Mountain Creek.
Frasier, Alfred Smith, mc Vanderbilt 06, cb Elmore 06, Dothan.
Granger, Frank G., mc P. & S. Atlanta 12, State Board 12, Webb.
Green, Henry, mc Alabama 92, cb Conecuh 92, Dothan.
Hammond, George A., mc Baltimore 84, cb Henry 84, Dothan.
Hicks, Dorman Marvin, mc univ Louisville 06, cb Pike 06, Cottonwood.
Hilson, Lewis, mc P. & S., Atlanta 09, State Board 09, Dothan.
Hopkins, Percy I., mc Vanderbilt 09, cb Bibb 09, Dothan.
Howell, William Crawford, mc P. & S., Atlanta 08, State Board 07, Dothan.
Middlebrooks, William T., mc Alabama 86, cb Barbour 86, Dothan.
Moody, Earl F., mc Tulane 03, State Board 03, Dothan.
Mooty, Ross Heflin, mc univ Alabama 11, State Board 11, Columbia.
Page, Woodfin Grady, mc Vanderbilt 15, State Board 15, Dothan.
Roberts, William Pinson, mc Memphis Hosp. 04, cb Wilcox 04, Dothan.
Twitty, Frank S., mc Baltimore 93, cb Henry 04, Columbia.
Sandlin, E. G., mc Vanderbilt 07, State Board 06, Pansey.
Stokes, J. E., mc Georgia Eclectic 92, cb Henry 97, Ashford.
Stovall, John Henry, mc Atlanta 59, cb Henry 89, Columbia.
Yarbrough, John Fletcher, mc Atlanta 92, cb Henry 92, Columbia.
Total, 35.

PHYSICIANS NOT MEMBERS.

Pate, Walter E., mc Atlanta 93, cb ..... 93, Ashford.
Stokes, J. Ethridge, mc Georgia Eclectic 92, cb Henry 97, Ashford.
Ryalls, William Mann, mc Atlanta 87, cb Henry 97, Ashford.
McAdams, ..., mc univ Texas ....., cb ...., Dothan.

Digitized by Google

Stough, Marvin S., mc P. & S., Atlanta 99, State Board 99, Dothan.
Williams, William Henry, mc Memphis Hosp. 91, cb Henry 91, Dothan.
Chalker, William Pounce, ng, cb Geneva 97, Dothan.
Total, 7.

Moved into the county—H. B. Burdeshaw, first location, Dothan; J. A. Campbell, first location, Dothan; W. P. Chalker, from Slocomb, Geneva county, to Dothan.

Moved out of the county—T. M. Barnett, from Dothan to Florence; J. T. Fowler, from Dothan to Mountain Creek.

---

(36) JACKSON COUNTY MEDICAL SOCIETY, Mobile, 1882.

OFFICERS.

President—Hugh Boyd ..... Scottsboro
Vice-President—Robert R. Bridges ..... Scottsboro
Secretary-Treasurer—Edward Boyd ..... Scottsboro
County Quarantine Officer—E. R. Smith ..... Section

Censors—A. N. Blakemore, Chairman, Scottsboro; Edward Boyd, Scottsboro; E. R. Smith, Section; W. M. Bogart, Stevenson; R. R. Bridges, Scottsboro.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Blakemore, Andrew Newton, mc univ Tennessee 80, cb 82, Scottsboro.
Bogart, William M., mc Vanderbilt 00, cb 00, Stevenson.
Boyd, Edward, mc Memphis Hosp. 02, cb 02, Scottsboro.
Boyd, Hugh, mc Memphis Hosp. 99, cb 99, Scottsboro.
Bridges, Robert Russell, mc Vanderbilt 13, State Board 14, Scottsboro.
Gardner, Frank H., mc Baltimore 91, cb 91, Flat Rock.
Gentry, James A., mc univ Alabama 05, State Board 05, Stevenson.
McCrary, Dowell Womack, mc Memphis Hosp. 13, State Board (reciprocity with Tennessee) 19, Fackler.
Nye, George Earl, mc Grant univ 06, cb 06, Scottsboro.
Prince, Jesse Lee, univ Alabama 99, cb 99, Stevenson.

Digitized by Google

Robertson, William Harvey, mc univ Alabama 08, State Board 08, Trenton.

Rosser, Walter W., mc Vanderbilt 98, cb 99, Stevenson.

Sentell, James Houston, mc univ Tennessee 04, cb 06, Paint Rock.

Smith, Eugene Robinett, mc univ Nashville 67, cb 89, Section.

Tate, George Berry, mc univ Tennessee 94, cb 95, Hollywood.

Vandiver, Horace Greely, mc Vanderbilt 15, State Board 15, Trenton.

Williams, William C., mc Alabama 00, cb 00, Bridgeport.

Total, 17.

PHYSICIANS NOT MEMBERS.

Burnham, Sidney J., mc Alabama 87, cb St. Clair 87, Langston.

Gattis, Henry Franklin, ng, cb 82, Aspel.

Harrison, Joseph J., mc Vanderbilt 93, cb DeKalb 93, Pisgah.

Hartung, Carl F., Jr., mc Grant univ 06, cb Cullman 06, Bridgeport.

McClendon, William LaFayette, mc univ Alabama 94, cb 94, Hollywood.

McCord, John Harvey, ng, cb 82, Scottsboro.

McGahey, Joseph Jefferson, ng, cb Marshall 86, Woodville.

Sanders, Walter C., mc Memphis Hosp. 90, cb Madison 91, Stevenson.

Casey, Martin Luther, mc Grant univ 01, cb 01, Section.

Hodges, Rayford, mc univ Alabama 15, State Board 15, Woodville.

Wyatt, C. J., mc ....., cb ....., Pisgah.

Total, 11.

Moved into the county—J. C. Wyatt, to Pisgah.

Moved out of the county—C. D. Mason, with U. S. Army.

Died—W. C. Maples, Scottsboro, November 24, 1919, of berebral embolus.

Digitized by Google

(37) JEFFERSON COUNTY MEDICAL SOCIETY, Birmingham, 1877.

OFFICERS.

President—E. M. Mason.....Birmingham
Vice-President—R. E. Cloud.....Ensley
Secretary-Treasurer—G. W. Rogers.....Birmingham
County Health Officer—J. D. Dowling.....Birmingham
City Health Officer—J. D. Dowling.....Birmingham

Censors—H. S. Ward, Chairman, Birmingham; W. P. McAdory, Birmingham; D. F. Talley, Birmingham; J. Ross Snyder, Birmingham; Cabot Lull, Birmingham.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Adams, H. P., mc univ Georgia 01, State Board 01, Pratt City.
Algood, Homer Wilson, mc Birmingham 12, State Board 12, Fairfield.
Anthony, J. C., mc Birmingham 09, State Board 09, Birmingham.
Ashworth, Robert F., mc Louisville Hospital 03, State Board 03, Birmingham.
Atwood, Abner Lowe, mc univ Nashville 07, cb Franklin 07, Birmingham.
Bagley, James A., mc Birmingham 03, State Board 03, Birmingham.
Barclay, John Wyeth, mc Jefferson 70, cb Madison 78, Birmingham.
Barrett, Nathaniel A., mc univ Nashville 85, cb Lauderdale 86, East Lake.
Batson, David C., mc univ Nashville 05, cb Coosa 07, Birmingham (West End).
Bean, J. Robbins, mc univ Pennsylvania 11, State Board 17, Birmingham.
Beddow, William Henry, mc Tulane 15, State Board 15, Birmingham.
Bell, Walter H., mc Atlanta 88, cb Calhoun 88, Birmingham (Acipco).
Benedict, Samuel R., mc univ Col. of Med. Richmond 08, State Board 13, Birmingham.
Berry, William Thompson, mc Vanderbilt 9, cb Birmingham.
Black, John W., mc Birmingham 09, State Board 10, Ensley.

Digitized by Google

Blackwell, James Hubert, mc Birmingham 06, cb Bibb 06, North Birmingham.

Blair, Frank F., mc Tulane 05, State Board 04, Quinton.

Blue, James Howard, mc univ Alabama 13, State Board 13, Bessemer.

Board, Oliver Paxton, mc Louisville 03, cb Hale 03, Birmingham.

Bobo, Arlington Henry, mc Birmingham 11, State Board 11, Irondale.

Bradford, Duke C., mc Birmingham 14, State Board 14, Birmingham.

Brownlee, Leslie George, mc univ Oklahoma 12, State Board 16, Birmingham.

Burnum, Henry Clay, mc P. & S. Baltimore 92, cb Blount 92, Trussville.

Burns, William Arthur, mc Memphis 91, cb Lamar 91, Birmingham.

Caffee, Samuel Richmond, mc Missouri Med. 81, cb Tuscaloosa 81, Avondale.

Caldwell, Hale Albert, mc univ Alabama 18, State Board 18, Ensley.

Callen, William Russell, mc Tulane 03, cb 03, Birmingham.

Callaway, John T., mc Birmingham 11, State Board 11, Birmingham.

Camerson, Andrew Grozier, mc univ Pennsylvania 04, cb 04, Birmingham.

Carmichael, William M., mc univ Nashville, ng, State Board 07, Fairfield.

Carmichael, Josiah N., mc Birmingham 13, State Board 13, Fairfield.

Carpenter, B. S., mc univ Alabama 05, State Board 05, Fairfield.

Carroway, Charles Newton, mc Birmingham 02, cb 02, Pratt City.

Carter, Henry Rose, Jr., mc univ Pennsylvania 08, State Board 20, Birmingham.

Casey, Edgeworth Stephens, mc Birmingham 00, cb 00, Birmingham.

Chamblee, Zachariah Britton, mc Birmingham 00, cb 00, North Birmingham.

Chandler, James Robert, mc Birmingham 09, State Board 11, Birmingham, Rt. 1.

Chapman, Jesse Pugh, mc univ Alabama 12, State Board 12, Birmingham.

Digitized by Google

Cheatham, Thomas Alfred, mc Jefferson 09, State Board 10, Birmingham.

Clark, Nathaniel Guido, mc Birmingham 98, cb 98, Ensley.

Clements, Merit D., mc Tulane 12, State Board 12, Ensley.

Cloud, Robert Emmett, mc Tulane 10, State Board 09, Ensley.

Cocke, Norborne Page, mc univ Virginia 00, cb 04, Birmingham.

Coleman, Grover C., mc univ Alabama 11, State Board 12, Adamsville.

Collier, Dana M., mc Birmingham 14, State Board 14, Birmingham.

Collins, Edgar, mc Birmingham 06, cb Cullman 06, Birmingham.

Collins, James Alexander, mc Louisville 91, cb Cullman 91, Birmingham.

Collins, Thomas A., mc Birmingham 12, State Board 13, Woodlawn.

Comer, Robert T., mc Johns Hopkins 01, cb Bullock 01, Birmingham.

Compton, Felix Henry, mc Vanderbilt 80, cb Badison 87, Bessemer.

Compton, Wheeler Wilkinson, mc Vanderbilt 03, cb 03, Bessemer.

Conwell, Hugh Earl, mc Birmingham 15, State Board 15, Fairfield.

Cooper, Julius Burson, mc Grant univ 04, cb Cullman 04, Birmingham.

Copeland, Miles A., mc Birmingham 03, cb 03, Birmingham.

Coston, Hamilton Ralls, mc Vanderbilt 89, cb 01, Birmingham.

Coulbourn, Joseph Thomas, mc univ Maryland 86, State Board 86, Birmingham.

Cowan, Alvin E., mc Birmingham 12, State Board 12, Ensley, Birmingham.

Crelly, Harry C., mc Alabama 02, cb Washington 02, Birmingham.

Cunningham, Russell McWhorter, mc Bellview 79, cb 82, Birmingham.

Dabney, Marye Y., mc Johns Hopkins 12, State Board 12, Birmingham.

Daly, Edgar William, mc Tulane 08, State Board 10, Birmingham.

Davis, John Daniel Sinkler, mc Georgia 79, cb St. Clair 79, Birmingham.

Davidson, Marion Tabb, mc univ Cincinnati 11, State Board 12, Birmingham.

Dawson, James Robertson, mc Vanderbilt 03, cb 03, Birmingham.

Denson, Fred Hammond, mc Birmingham 12, State Board 13, Bessemer, Rt. 2.

Digitized by Google

Donald, Thomas C., mc univ Alabama 97, cb Butler 97, Bessemer.
Donald, Dan Caldwell, mc Tulane 09, State Board 11, Birmingham.
Donahoo, John Henry, mc Memphis Hosp. 99, cb Pickens 05, Birmingham.
Donnelly, Charles Augustus, mc Ohio 08, State Board 10, Birmingham.
Douglass, Gilbert F., mc univ Alabama 10, State Board 10, Birmingham.
Douglass, John, mc Birmingham 00, cb Lauderdale 01, Birmingham.
Dowling, Judson Davie, mc Birmingham 11, State Board 11, Birmingham.
Drake, Charles Hunter, mc Tulane 06, cb 06, Birmingham.
Drennen, Wesley Earle, mc P. & S. New York 06, State Board 05, Birmingham.
Duncan, Joseph Johnston, mc Louisville 86, State Board 86, Birmingham.
Edmondson, John H., mc Tulane 04, cb 04, Birmingham.
Edwards, Jesse E. H., mc univ Nashville 08, State Board 12, Mulga.
Elkourie, Haickel A., mc univ Nashville 01, cb 06, Woodlawn, Birmingham.
Farrar, William Charles, mc Birmingham 08, State Board 98, Birmingham (Woodlawn).
Ferrell, James Henry, mc Birmingham 01, cb Calhoun 01, Birmingham (Woodlawn).
Fields, Elbert T., mc Bellevue 99, cb 99, Ensley.
Fox, Bertram Arthur, mc Birmingham 96, cb 96, Birmingham.
Fox, Carl Alexander, mc Tulane 00, cb 00, Birmingham.
Gaines, Cecil Dean, mc Birmingham 11, State Board 11, Birmingham (Pratt City).
Garber, James R., mc Jefferson 13, State Board 13, Birmingham.
Garrison, John Earl, mc Birmingham 04, cb Walker 04, Birmingham.
Gaston, Andrew L., mc univ Alabama 10, State Board 10, Birmingham (Ensley).
Gaston, Cecil D., mc Jefferson 10, State Board 10, Birmingham.
Gewin, William Christopher, mc univ Maryland 00, cb Lowndes 02, Birmingham.
Glasgow, Marvin Whitfield, mc Vanderbilt 01, cb Shelby 01, Fairfield.
Glassgow, Roberts, mc univ South 00, cb Shelby 00, Adamsville.
Glass, Edward Taylor, mc Vanderbilt 90, cb 90, Birmingham.

Digitized by Google

Gnasso, Enrico R., mc Birmingham 13, State Board 13, Birmingham.

Godwin, William Henry, mc univ Alabama 09, State Board 09, Republic.

Grace, Frank G., mc Northwestern univ 02, State Board 03, Birmingham.

Green, Anderson C., mc Birmingham 14, State Board 14, Birmingham.

Green, Elbert Paul, mc Birmingham 11, State Board 12, Birmingham.

Gresham, Andrew Belton, mc Birmingham 01, cb Winston 01, Birmingham (West End).

Gwin, Jerry Walter, mc univ Alabama 17, State Board 18, Bessemer.

Gwin, Paul E., mc Tulane 06, cb 06, Bessemer.

Hagood, Ernest C., mc Birmingham 14, State Board 20, Birmingham (Woodlawn).

Hamrick, Robert Hampton, mc Atlanta 95, cb Blount 96, Birmingham.

Hankins, John M., mc univ Nashville 07, State Board 07, Birmingham (East Lake).

Hanna, Henry P., mc Birmingham 12, State Board 13, Birmingham.

Hardy, Walter B., mc Tulane 12, State Board 12, Birmingham.

Harris, Arthur Buckner, mc univ Virginia 02, cb 03, Birmingham.

Harris, Carl Atticus, mc univ of Alabama 10, State Board 11, Bessemer.

Harris, Charlton S., mc Birmingham 14, State Board 14, Birmingham.

Harris, Farley W., mc Birmingham 09, State Board 10, Birmingham.

Harris, Herbert A., mc Birmingham 14, State Board 14, Ensley.

Harris, Seale, mc univ Virginia 94, State Board 94, Birmingham.

Harrison, William Groce, mc univ Maryland 92, cb Talladega 92, Birmingham.

Hayes, J. Howard, mc Birmingham 14, State Board 14, Birmingham.

Hayes, Robert B., mc Birmingham 13, State Board 13, Birmingham.

Heacock, Joseph Davis, mc Tulane 92, cb 92, Birmingham.

Head, Walter C., mc Birmingham 01, cb Bibb 01, Bessemer.

Heath, Merritt J., mc Birmingham 13, State Board 13, Edgewater.

Digitized by Google

Heflin, Howell Towles, mc univ Maryland 93, cb Clay 94, Birmingham.

Heflin, Wyatt, mc Jefferson 84, cb Randolph 85, Birmingham.

Hogan, Edgar Poe, mc Birmingham 09, State Board 08, Birmingham.

Hogan, George Archibald, mc Birmingham 96, cb 96, Birmingham.

Hogan, John Frank, mc Birmingham 03, cb 03, Birmingham.

Hogan, Robert Elias, mc Birmingham 01, cb Bibb 01, Ensley.

Horn, Samuel Wilson, mc Emory univ 16, State Board 16, Bessemer.

Hubbard, Lex Walter, mc Jefferson 11, State Board 14, Birmingham, Rt. 6, Box 63.

Huey, J. F., mc Baltimore P. & S. 87, cb 87, Ensley.

Jackson, Albert Charles, mc Tulane 16, State Board 19, Birmingham (West End).

Jackson, Leonidas Fenton, mc Birmingham 01, cb Fayette 01, Littleton.

Jenkins, Luckey Andrew, mc Alabama 89, cb Wilcox 89, North Birmingham.

Jenkins, John F., mc Alabama 01, cb Mobile 01, North Birmingham.

Johnson, Roy Ernest, mc Vanderbilt 09, State Board 09, Ensley (Edgewater).

Johnston, Noah A., mc univ Nashville 07, State Board 07, Bessemer, Rt. 2.

Johnston, Hardee, mc univ Virginia 95, cb 96, Birmingham.

Johnson, William B., mc univ South 05, cb Clay 05, Birmingham.

Jones, Capers Capeart, mc univ M. & S. Philadelphia 70, cb Wilcox 79, Birmingham (East Lake).

Jones, Walter C., mc Northwestern univ 02, State Board 18, Birmingham.

Jordan, William Mudd, mc P. & S. New York 95, cb 95, Birmingham.

Kent, John Thomas, mc Alabama 95, cb Coosa 95, Birmingham.

Killough, James Monroe, mc univ Kentucky 87, cb 87, Woodlawn.

Kincaid, John L., mc Birmingham 12, State Board 12, Bessemer.

Kinkead, Kyle Johnston, mc Tulane 15, State Board 17, Birmingham.

Kirsch, Maxwell, mc Tulane 12, State Board 12, Birmingham.

Knowlton, James Wiley, mc Vanderbilt 83, cb Jackson 83, Birmingham.

Lacey, Edward Parish, mc Vanderbilt 83, cb Shelby 83, Bessemer.

Digitized by Google

Lavender, William Algernon, mc Birmingham 09, State Board 10, Birmingham.

Lawrence, William O., mc Birmingham 09, State Board 09, Leeds.

Ledbetter, Samuel Leonidas, mc Louisville 79, cb 79, Birmingham.

Ledbetter, Samuel L., Jr., mc Johns Hopkins 10, State Board 10, Birmingham.

Leland, Joseph, mc Tulane 04, cb Tuscaloosa 04, Birmingham.

Lewis, Herbert J., mc Birmingham 15, State Board 16, North Birmingham.

Lewis, Thomas Knight, mc Vanderbilt 12, State Board 13, Birmingham (West End).

Lester, Belford S., mc Vanderbilt 07, State Board 08, Birmingham.

Levy, Harry, mc P. & S. New York 05, cb 05, Birmingham.

Little, Edwin Gray, mc Birmingham 05, State Board 05, Maben.

Livingston, James A., mc univ Pennsylvania 11, State Board 19, Birmingham.

Lotterhos, George, mc univ Pennsylvania 10, State Board 13, Birmingham.

Love, John T., mc Alabama 00, cb Morgan 00, Pinson.

Love, William Jones, mc Alabama 93, cb oMrgan 93, Birmingham.

Lovelady, Robert G., mc Birmingham 14, State Board 15, Woodlawn.

Lull, Cabot, mc univ Michigan 99, cb Elmore 01, Birmingham.

Lupton, Frank Allemang, mc Johns Hopkins 99, cb 00, Birmingham.

McAdory, Wellington Prude, mc univ Virginia 87, cb 99, Birmingham.

McCrossin, W. P., mc Tulane 16, State Board 16, Birmingham.

McDonald, Charles W., mc univ Nashville 04, State Board 04, Bessemer.

McGahey, Robert Goodloe, mc Birmingham 12, State Board 12, Birmingham (West End).

McGehee, Henry T., mc Alabama 04, cb Tuscaloosa 04, Oxmoor.

McKinnon, Hector A., mc Birmingham 10, State Board 10, Birmingham (West End).

McLean, Claude Cooper, mc Vanderbilt 08, State Board 08, Birmingham.

McLester, James Somerville, mc univ Virginia 99, cb 02, Birmingham.

McQueen, Joseph Pickens, mc Tulane 11, State Board 12, Birmingham.

Digitized by Google

McQuiddy, Robert Clayton, mc Birmingham 12, State Board 13, Birmingham.

Mann, Sidney Henry, mc Birmingham 01, cb Elmore 01, Birmingham (Ensley).

Magruder, Thomas V., mc Tulane 10, State Board 11, Birmingham.

Martin, Hezekiah Levin, mc Vanderbilt 81, cb Madison 81, Avondale.

Martin, Wade A., mc Birmingham 08, State Board 10, Birmingham.

Mason, Enoch Marvin, mc Johns Hopkins 06, State Board 07, Birmingham.

Mason, James Monroe, mc Tulane 99, cb 99, Birmingham.

May, Eugene Elmore, mc univ Nashville 00, cb Lauderdale 01, Birmingham.

Meadows, Jarvis A., mc Alabama 12, State Board 12, Birmingham.

Meyer, Jerome, mc Johns Hopkins 14, State Board 17, Birmingham.

Michlin, Irwin, mc Birmingham 15, State Board 15, Birmingham.

Miller, James A., mc Chicago M. & S. 13, State Board 13, Edgewater.

Mitchell, Henry Eugene, mc univ Tennessee 93, cb Blount 93, Birmingham.

Mitchell, John Ira, mc Birmingham 12, State Board 13, Leeds.

Moon, John Weldon, mc univ Nashville 05, cb Limestone 05, Birmingham.

Moore, Chalmers, mc Johns Hopkins 13, State Board 14, Birmingham.

Moore, David S., Jr., mc Birmingham 08, cb 08, Birmingham.

Moore, John Alston, mc P. & S. Baltimore 85, cb Blount 85, Birmingham.

Moore, Joseph G., mc Birmingham 11, State Board 12, Birmingham.

Morgan, J. R., mc Tulane 17, State Board 17, Birmingham.

Morland, Marvin Erastus, mc univ Kentucky 03, cb Hale 03, North Birmingham.

Morris, Lewis Coleman, mc univ Virginia 92, cb 93, Birmingham.

Murphy, Grover E., mc Birmingham 11, State Board 11, Birmingham.

Nabers, Frank Edmondson, mc univ Virginia 03, cb 03, Birmingham.

Nabers, Samuel F., mc Tulane 09, State Board 08, Birmingham.

Nelson, Robert G., mc Vanderbilt 18, State Board 19, Birmingham.

Nice, Charles McKinney, mc univ Pennsylvania 04, cb 05, Birmingham.

Digitized by Google

Noland, Lloyd, mc Baltimore Fed. 03, U. S. Service 13, Fairfield.
Nolan, Michael M., mc Jefferson 12, State Board 13, Birmingham.
O'Connell, Edward, mc Bellvue 07, State Board 09, Birmingham.
O'Connell, George Albert, mc Tulane 06, State Board 07, Birmingham (Army).
Orton, Allen E., mc Atlanta Medical 08, State Board 08, Pratt City.
Parke, Thomas Duke, mc univ New York 79, cb Dallas 84, Birmingham.
Payne, Brack Coleman, mc Alabama 16, State Board 16, New Castle.
Payne, Edmund C., mc univ Virginia 11, State Board 11, New Castle.
Payne, Frank M., mc univ Virginia 11, State Board 11, Lewisburg.
Pearce, Hill Everett, mc Birmingham 08, State Board 08, Boyles.
Peebles, Robert Emory, mc Tulane 08, State Board 08, Birmingham.
Peters, Urban Joseph Whitehead, mc univ Pennsylvania 98, cb 00, Birmingham.
Powers, Thomas W., mc Louisville 03, cb Hale 03, Watson.
Prescot, William Ernest, mc Birmingham 00, cb Chilton 00, Birmingham (East Lake).
Prince, Edmond Mortimer, mc Alabama 01, cb Bibb 01, Birmingham.
Ragsdale, M. Clay, Jr., mc univ Nashville 05, State Board 06, Bessemer.
Ransom, William Walter, mc Vanderbilt 88, cb 88, Birmingham.
Ray, E. C., mc univ Alabama 18, State Board 18, Ensley.
Reeves, Philip Ulmer, mc univ Georgia 01, cb Walker 02, North Birmingham.
Reid, Albert Martin, mc univ Nashville 01, State Board 07, Birmingham.
Riggs, Edward Powell, mc P. & S. Baltimore 81, cb Dallas 81, Birmingham.
Rittenberry, Crockett Campbell, mc Birmingham, ng, cb 01, Birmingham, Rt. 3.
Robbins, Jesse Elbert, mc Atlanta 86, cb 86, Ensley.
Robbins, William J., mc P. & S. Atlanta 12, State Board 13, Ensley.
Roberts, Wyatt Sanford, mc univ Alabama 14, State Board 14, Birmingham.
Robertson, B. O., mc Vanderbilt 18, State Board 19, Birmingham.

Digitized by Google

Robinson, Annie M., mc Woman's Med. of Pennsylvania 05, cb 07, Birmingham.

Robinson, Elisha Miller, mc Vanderbilt 85, cb Blount 86, Birmingham.

Rogers, Mack, mc Alabama 89, cb Conecuh 89, Birmingham (U. S. P. H. S.).

Rogers, Gaston Wilder, mc Birmingham 11, State Board 11, Birmingham.

Rosamond, Ethbert Cole, mc Louisville 92, cb Walker 93, North Birmingham.

Roundtree, Walter Scott, mc Birmingham 00, cb Morgan 00, Wylam.

Rucker, Edmund W., Jr., mc Denver 04, State Board 08, Birmingham.

Rudulph, Charles Murray, mc Alabama 00, cb Lowndes 00, Birmingham.

Rush, Richard Cox, mc univ Alabama 15, State Board 15, Fairfield.

Schoolar, Milton Carson, mc Alabama 87, cb Bibb 87, West End.

Scott, E. Laurence, mc univ Maryland 06, cb 07, Birmingham.

Scott, Walter F., mc univ Virginia 04, cb 07, Birmingham.

Scott, Edgar Marvin, mc Alabama 01, cb Walker 01, Avondale, Birmingham.

Sellers, Henry Graham, mc Vanderbilt 00, cb Morgan 00, Birmingham (West End).

Sellers, Ira Jackson, mc Vanderbilt 97, cb 97, Birmingham.

Sellers, William David, mc Atlanta P. & S. 02, State Board 02, Birmingham.

Shropshire, Courtney William, mc univ Tennessee 00, cb Limestone 03, Birmingham.

Shugerman, Harry P., mc Johns Hopkins 08, State Board 08, Birmingham.

Sibley, Barney Dunbar, mc Birmingham 98, cb Walker 99, Birmingham.

Smith, C. H., mc Birmingham 03, State Board 03, Flat Top.

Smith, F. D., mc Birmingham 03, State Board 03, Bessemer.

Smith, James Clement, mc Birmingham 11, State Board 11, Birmingham (East Lake).

Snow, John W., Jr., mc Chattanooga 07, cb Walker 07, Palos.

Snow, T. A., mc univ Alabama 18, State Board 18, Birmingham.

Snyder, J. Ross, mc Vanderbilt 01, cb 02, Birmingham.

Solomon, Edwin Philip, mc univ Cincinnati 04, cb 05, Birmingham.

Digitized by Google

Sparks, David Hoyt, mc Tulane 12, State Board 13, Ensley.
Spencer, O. M., mc Vanderbilt 15, State Board 17, Birmingham.
Staples, J. D., mc Birmingham 14, State Board 15, Birmingham.
Stephens, Joseph Hafford, mc Birmingham 15, State Board 15, Birmingham.
Stocton, F. E., mc Tulane 11, State Board 19, Birmingham.
Stiles, M. Porter, mc Jefferson 15, State Board 19, Birmingham.
Strickland, James J., mc Tulane 04, cb 04, Birmingham.
Stubbins, Samuel Gaines, mc P. & S. St. Louis 07, cb Jefferson 07, Birmingham.
Swedlaw, Henry, mc Birmingham 07, cb 07, Birmingham.
Talley, Dyer Findley, mc Tulane 92, cb 02, Birmingham.
Tedder, Charles E., mc Birmingham 12, State Board 12, Ensley.
Thomas, M. C., mc Tulane 99, cb Bibb 99, Fairfield.
Torrance, Gaston, mc univ Virginia 97, cb 00, Birmingham.
Tucker, Easter W., mc Alabama 13, State Board 14, Fairfield.
Turlington, Lee F., mc univ Pennsylvania 14, State Board 15, Birmingham.
Underwood, S. Sellers, mc Tulane 17, State Board 17, Birmingham.
Vance, J. G., mc Birmingham 05, cb 05, Marvel.
Vandevoort, Horace, mc univ Alabama 10, State Board 13, Bessemer.
Waldrop, R. W., mc Louisville 96, cb 97, Bessemer.
Waldrop, W. M., mc Memphis 99, cb 99, Bessemer.
Walker, Alfred A., mc Cornell 05, cb 05, Birmingham.
Wallace, Samuel H., mc Birmingham 11, State Board 11, Boyles.
Waller, George D., mc Vanderbilt 99, cb Bibb 99, Bessemer.
Walsh, Grosbeck H., mc Northwestern univ 02, State Board 13, Fairfield.
Ward, Henry Silas, mc univ Nashville 98, cb Blount 99, Birmingham.
Ward, Walter Rowland, mc Chattanooga 00, cb Tuscaloosa 00, Birmingham.
Watkins, Leon H., mc Johns Hopkins 09, State Board 09, Birmingham.
Watkins, Miles A., mc Tulane 09, State Board 10, Birmingham.
Watterson, Charles, mc Tulane 09, State Board 11, Birmingham.
Weed, Walter A., mc Maryland 05, cb Barbour 05, Birmingham.
Welch, Stewart H., mc Cornell 07, State Board 10, Birmingham.
Whaley, Lewis, mc Atlata 73, Blount 78, Birmingham.
Whelan, Charles, mc Alabama 96, cb 96, Birmingham.

Digitized by Google

Whiteside, Hamlin B., mc Alabama 10, State Board 10, Thomas.

Whorton, William Walter, mc Vanderbilt 99, cb Marshall 00, Pratt City.

Wilder, William Hinton, mc univ New York 91, cb 91, Birmingham.

Wiley, Clarence C., mc Baltimore 08, State Board 09, Birmingham.

Wilks, Arthur E., mc Birmingham 09, State Board 09, Birmingham (Powderly).

Wilkinson, David L., mc Tulane 94, cb Augusta 94, Birmingham.

Wilkinson, John G., mc univ Tennessee 02, cb Tuscaloosa 02, Brookside.

Williams, Thomas Herbert, mc Birmingham 13, State Board 13, Birmingham.

Williamson, George W., mc Vanderbilt 00, State Board 09, Fairfield.

Wilson, Cunningham, mc univ Pennsylvania 84, cb Jefferson 84, Birmingham.

Wilson, Luther Elgin, mc univ Pennsylvania 11, State Board 13, Birmingham.

Wilson, Ollie E., mc univ Alabama 10, State Board 10, Birmingham (Thomas).

Winters, Joseph Schofield, mc Louisville 90, cb 90, Bessemer.

Winn, Lochlin Minor, mc Tulane 00, State Board 00, Birmingham.

Woodson, Lewis Greene, mc univ Maryland 87, cb 88, Birmingham.

Woodson, Richard Carlisle, mc Tulane 04, cb Walker 06, Birmingham.

Wright, Solon Westcott, mc Birmingham 11, State Board 11, Dolomite.

Wright, William E., mc Birmingham 07, State Board 07, Fairfield.

Wyman, Benjamin Leon, mc univ New York 79, cb Tuscaloosa 72, Birmingham.

Total, 301.

PHYSICIANS NOT MEMBERS.

Allen, Eustace Andrew, mc univ Maryland 19, State Board ....., Fairfield.

Attaaway, William A. (col.), mc Meharry 02, cb Etowah 03, Birmingham.

Baines, Richard C., mc Birmingham 98, cb St. Clair 07, Oxmoore.

Baldwin, C., mc ....., ..., ..., Birmingham.

Baldwin, L. W. (col.), mc Meharry 04, cb Walker 04, Birmingham Pratt City.

Digitized by Google

Ballard, Asa Ewelyn, mc Pulte Med. Col. Ohio, cb 02, Birmingham.

Ballard, Asa Nathaniel, mc Pulte 76, cb DeKalb 87, Birmingham.

Beck, William R. K., mc Birmingham 14, State Board 14, Birmingham.

Bell, Alse Wilson, mc Alabama 97, cb Shelby 97, Birmingham (Woodlawn).

Benton, J. M., mc ....., ..., ..., Birmingham.

Berry, James Crawford, mc South Carolina 95, cb 95, Bessemer.

Bickley, Thomas J., mc Vanderbilt 79, cb 81, Birmingham.

Black, William Alfred, mc Vanderbilt 90, cb Morgan 90, Birmingham.

Bloomer, William, mc Birmingham 03, cb 03, Bessemer.

Bobo, Arlington Henry, mc Birmingham 11, State Board 11, Irondale.

Bonds, John Meredith, mc univ Nashville 06, ... 06, Bessemer.

Boothe, C. O. (col.), mc Leonard 04, cb Talladega, Birmingham.

Brice, J. Arthur, mc Birmingham 13, State Board 13, Bessemer.

Broughton, W. J. (col.), mc Meharry 05, State Board 05, Birmingham.

Brown, Arthur McKimmon (col.), mc univ Michigan 91, cb 91, Birmingham.

Brown, Robert Turner, Jr. (col.), mc Meharry 15, State Board 15, Birmingham.

Brown, Walter L., mc Meharry 15, State Board 15, Birmingham.

Bryant, Henry Clay, mc univ Chicago 11, State Board 12, Birmingham.

Burchfield, Neubern B., mc Grant 07, cb Tuscaloosa 07, Brighton.

Caffey, H. T., mc univ Nashville 83, cb Lowndes 83 (retired), Leeds.

Caldwell, William D., mc Vanderbilt 88, cb 88, Wylam.

Canterberry, Tillie Z., mc Birmingham 15, State Board 15, Johns.

Carter, James Watson, mc univ Nashville 74, cb Limestone 78, Bessemer.

Casey, Thaddeus Alonzo, mc Vanderbilt 91, cb 91, Birmingham.

Chambers, John G., mc univ Nashville 98, cb Jefferson 98, Birmingham.

Chandler, James Robert, mc Birmingham 09, State Board 11, Bessemer, R. F. D.

Clapp, William Wesley, mc Cleveland (Homeopathic) 68, cb DeKalb 90, Birmingham.

Digitized by Google

Clayton, Benjamin L., mc Vanderbilt 83, cb St. Clair 83, Village Springs.

Cocciola, Louis, mc Naples, Italy, ng, cb Cullman 00, Birmingham.

Coleman, William Henry (col.), mc Meharary 00, cb Limestone 01, Bessemer.

Copeland, Charles P., mc Birmingham 11, State Board 11, Birmingham.

Coran, C. Z., mc ....., ..., ..., Birmingham.

Cornelius, Dave Richard, mc ....., ..., ..., Bessemer.

Council, William L. (col.), Meharry 99, cb 99, Birmingham .

Couric, Edmund S., mc Alabama 13, State Board 14, Woodward.

Cox, E. S. W., mc ....., cb ....., Warrior.

Cross, Thomas W., mc univ Nashville 77, old law, Thomas.

Dabney, John Davis, mc univ Washington 72, cb 90, Birmingham.

Davidson, James F., mc Alabama 86, cb 87, Birmingham.

Davis, Daniel M., Atlanta 94, cb Walker 94, Littleton.

Davis, Robert Merritt, mc Tulane 95, cb Autauga 95, Ensley.

Dawkins, James T., mc univ Alabama 09, State Board 09, Ensley.

Dean, Leon, univ Alabama 13, State Board 14, Ensley.

Deaver, Clyde Wilson, mc Vanderbilt 17, State Board (reciprocity with Tennessee) 19, Birmingham.

Deaver, Wilson Thomas, mc univ Alabama 15, State Board 16, Ensley.

Dedman, James E., mc univ Tennessee 90, cb 98, Birmingham (U. S. P. H. S.).

Denman, Hathaway Joseph, mc Birmingham 14, State Board 14, Sayreton.

Dixon, Robert Emmett, mc univ Alabama 17, State Board 17, Dolomite.

Donaldson, Bailus Erastus, mc univ Tennessee 15, Porter (illegal).

Downing, James H., mc Memphis Hosp. 96, cb Lamar 97, Birmingham (osteopath).

Dozier, Byron, mc Barnes 97, cb Elmore 00, Birmingham.

Dozier, Orion Theophilus, mc Atlanta 74, cb 74, Birmingham.

Durrett, Ebb Browne, mc univ Alabama 12, State Board 12, Bessemer.

Edmundson, Ezra L., mc univ Tennessee 72, cb 83, Bessemer.

Edwards, Andrew J., mc Birmingham 12, State Board 12, Bessemer, Rt. 2.

Edwards, George Traylor, mc Alabama 14, State Board 14, Birmingham, Rt. 1.

Digitized by Google

Ellis, George Washington, mc ....., cb 78, Morris.

Faris, William Elbert, mc univ Tennessee 16, State Board 17, Dixiana.

Farley, Andrew Jackson, mc Atlanta 90, cb Shelby 90, Irondale.

Fisher, G. H., old law, cb 78, Birmingham.

Floyd, Milton Tucker, mc Montezuma 98, cb Lee 99.

Foster, Allen Claude, mc Southern School of Osteopathy 01, State Board 03, Birmingham.

Freeman, Marcellus H. (col.), mc Meharry 05, cb 06, Birmingham.

Gallion, T. T., mc Louisville 95, cb Marengo 95, Birmingham.

Garmon, Clyde N., mc Birmingham 14, State Board 15, Bessemer, Rt. 2.

Giscombe, Cecil Stanley (col.), mc Meharry 16, State Board 16, Birmingham (Avondale).

Glaze, Andrew Louis, Jr., mc Vanderbilt 12, State Board 13, Birmingham.

Goggans, Phillip Peterson, mc New York Med. Col. 80 (not licensed in Alabama), Birmingham.

Goin, J. B. (col.), mc Meharry 90, cb 90, Birmingham.

Goin, L. U. (col.), mc Meharry 99, cb 99, Birmingham.

Gregg, Eugene J. (col.), mc Meharry 05, cb Walker 05, Birmingham.

Grout, Samuel Eugene, mc univ Minnesota 99, cb Jefferson 01, Bessemer.

Hancock, James F., mc Louisville 88, cb Walker 88, Morris, R. F. D.

Hancock, M. W., mc ....., ..., Adamsville, Rt. 1.

Hankins, William D., mc Memphis Hosp. 96, State Board 09, Birmingham.

Harris, E. A., mc Sewanee 98, cb St. Clair 98, Bessemer, Rt. 4.

Harris, Elbert N., mc Birmingham 07, cb Lamar 07, Bessemer, Rt. 3.

Harris, Embry Charles, mc univ Alabama 04, cb St. Clair 04, Bessemer.

Harris, Hardy Fleming, mc Meharry 05, State Board 05, North Birmingham.

Hawkins, Mack Creach, mc Tulane 07, State Board 06, Blossburg.

Herrman, J. W. H., mc univ Alabama 07, State Board 08, Birmingham.

Hayes, William Isaac, mc Atlanta Southern 85, cb Walker 85, Birmingham, Rt. 1.

Digitized by Google

Holliway, Walter Horner, mc univ South 01, cb Marshall 01, Birmingham (Fairview).

Hood, Alexander, mc Vanderbilt 00, cb 05, Birmingham.

Howard, Joshua E., mc univ Tennessee 87, cb DeKalb 95, Birmingham.

Howard, W. C. (col.), mc Meharry 15, State Board 15, Bessemer.

Howell, James M., mc Memphis Hosp. 04, cb Winston 04, North Birmingham.

Huckabee, Ben E. (col.), mc Meharry 02, cb Hale 02, Birmingham.

Hutto, Aaron Simeon, mc Birmingham 15, State Board 15, Pinson.

Jackson, J. L. (col.), mc Meharry, 06, cb Walker 06, Birmingham.

James, Milton P., mc Birmingham 11, State Board 11, Birmingham.

Jones, A., mc Vanderbilt 00, cb Calhoun 00, Ensley.

Jones, Robert Arthur, mc Louisville 83, cb 86, Birmingham.

Jones, Thomas A., mc Birmingham 98, cb Chilton 98, Birmingham (East Lake).

Jordon, C. E., mc ....., ..., ..., Porter.

Kimbrough, John, Jr., mc Memphis Hosp. 13, State Board 14, Woodward.

Kinnette, Jackson Flavius, mc Georgia Eclectic 92, cb Shelby 92, Birmingham (Brighton).

Lawrence, William O., mc Birmingham 09, State Board 09, Leeds.

Lewis, Frances P., mc univ South Carolina 77, cb 80, Birmingham.

Long, Daniel J., mc univ Alabama 16, State Board 17, Fairfield.

Long, Roy Cleveland, mc univ Tennesse 12, State Board 15, Cardiff.

Long, William Walker, mc Chattanooga 03, cb 03, Birmingham.

McCarn, Oscar C., mc Birmingham 07, cb 07, Warrior.

McClain, Frederick Augustus, mc Louisville Med. 94, cb 94, Bessemer.

McClendon, Henry L., mc univ South 99, cb Chambers 00, Birmingham.

McDaniel, Joe C., mc Birmingham 12, State Board 13, Birmingham.

McElroy, Charles I., mc Memphis Hosp. 01, cb Choctaw 01, Birmingham.

McGehee, Benjamin E., mc Louisville 72, cb Montgomery 84, Bessemer, Rt. 2.

McGlathery, Fountain S., mc Vanderbilt 82, cb Morgan 82, Birmingham (Woodlawn).

McPherson, Charles A. J., mc Meharry 17, State Board 17, Birmingham.

McPherson, Webster, mc Tulane 11, State Board 12, Ensley.

Digitized by Google

McWhorter, Horace Lamar, mc univ of Alabama, State Board 13, Fairfield.

Macklin, Robert B. (col.), mc Meharry 05, cb Tuscaloosa 05, Birmingham.

Mason, Charles D., mc univ of Alabama 14, State Board 14, Ensley.

Mason, Ulysses G. (col.), mc Meharry 95, cb 95 Birmingham.

May, Frank H., mc univ South 98, cb Marion 99, Birmingham.

Meadow, Albert Eli, mc Pulte Med. 83, ... 83, Birmingham.

Meeks, Alfred A., mc Birmingham 14, State Board 15, Dolomite.

Messenger, F. R., mc Maryland P. & S. 02, illegal, Kimberly.

Miller, Ira L., mc Chicago M. & S. 12, State Board 13, Edgewater.

Miller, J. T., mc Vanderbilt 86, cb Pickens 86, Morris.

Miller, Walter T., mc Birmingham 07, cb 07, Ensley.

Mitchell, Robert Lee, mc Chatanooga 94, cb Cullman 95, Warrior.

Montgomery, Oscar Haden, mc Birmingham 03, cb 03, East Birmingham.

Moon, Emmet K., mc Grant unic 92, cb Franklin 92, Birmingham.

Moore, Chalmers H., mc Johns Hopkins 13, State Board 14, Birmingham.

Moore, E. M., mc ....., ..., ..., Birmingham.

Moore, James S., mc Baltimore P. & S. 93, cb 93, Birmingham.

Morris, Emory A., mc univ Nashville 02, cb Cullman 02, Ensley.

Morris, H. R., mc univ Nashville 06, cb St. Clair 06, Trussville.

Moten, Pierce S., mc Meharry 06, cb 06, Birmingham.

Naff, Mortimer H., mc Birmingham 12, State Board 12, Fairfield.

Naramore, A. O., mc Memphis Hosp. 06, cb Walker 06, Blossburg.

Nelson, Robert, mc Birmingham 05, cb 05, Sayre.

Nolen, Richard S., mc univ Kentucky 89, cb 89, Bessemer.

Norton, H. F., ng, mc ....., ..., cb ....., ..., Leeds.

Ozenne, G. A., mc univ South 06, State Board (reciprocity with Louisiana) 20, Fairfield.

Parker, Stephen Rufus, mc univ Alabama 09, State Board 09, Dolomite.

Perry, S. M., mc Vanderbilt 94, Tuscaloosa 94, Birmingham.

Perry, Wendell Holmes, mc Jefferson Med. 19, State Board 20, Fairfield (Tarrant).

Pollard, Emmett Eugene, mc univ Alabama 16, State Board 16, Ensley.

Porter, Daniel W. (col.), mc Meharry 05, cb Walker 06, Birmingham.

Digitized by Google

Posey, Benjamin Franklin, mc Birmingham 10, State Board 10, Adamsville.

Pow, John Robert, mc univ South 03, cb St. Clair 03, Dolomite.

Powell, H. B., mc Alabama 10, State Board 10, Bessemer.

Pruitt, Elihu Posey, mc P. & S. Atlanta 05, cb Lowndes 05, Birmingham (Acipco).

Ragsdale, Velpeau Hill, mc univ Nashville 06, cb 06, Bessemer.

Reynolds, Frederick Knox, mc Birmingham 01, cb 01, Birmingham.

Robertson, A. G. (col.), mc Leonard 05, State Board 05, Birmingham.

Robinson, Joseph Bennett, mc Vanderbilt 69, cb St. Clair 78, Birmingham (Woodlawn).

Rosamond, W. L., mc Kentucky School Med. 91, cb Walker 91, Birmingham.

Rush, Richard Cox, mc univ of Alabama 15, State Board 15, Fairfield.

Rutherford, E. G., mc univ Alabama 09, State Board, Birmingham.

Saunders, W. P., mc Meharry 13, State Board 13, Birmingham.

Seay, Samuel Cleveland, mc Jefferson 08, cb 08, Pratt City.

Scott, George B., mc Jefferson 90, cb Lauderdale 90, Birmingham.

Shackleford, Clarence W., mc Tulane 11, State Board 14, Fairfield.

Shell, Charles C., mc Birmingham 09, State Board 09, Cardiff.

Simpson, Frank S. (col.), mc Leonard 02, cb Russell 02, Birmingham (Ensley).

Sims, Jack H., mc Atlanta Southern 82, cb ....., Birmingham.

Smith, Elisha Baker, mc Birmingham 12, State Board 14.

Springfield, Thomas Jefferson, ng, cb Lamar 76, Ensley.

Stagg, John Bell, mc Vanderbilt 85, cb Walker 85, Pratt City.

Strawbridge, Fred H. (col.), mc Meharry 14, State Board 14, Birmingham.

Sutton, Frederick Bland, mc univ Michigan 81, cb Cullman 02, Birmingham.

Tarrant, James Richard, mc Atlanta 87, cb Talladega 87, Birmingham, Rt. 6, Box 24 ,(Boyles).

Tait, Porter King, mc Birmingham 03, cb Wilcox 03, Birmingham.

Thagard, Robert Albert, mc Tulane 97, cb Butler 97, Birmingham.

Thweatt, Dave Harmon, mc Birmingham 15, State Board 16, Ensley.

Thomas, Alfred E. (col.), mc Meharry 03, cb Limestone 06, Birmingham.

Digitized by Google

Thomas, Joseph T. (col.), mc Meharry 05, Limestone 05, Birmingham.
Thompson, Curry Eugene, mc Leonard 08, State Board 09, Ensley.
Trammell, Virgil, mc ....., ..., ..., Warrior, Rt. 2.
Troje, O. R., mc univ Kansas 07, State Board 13, Ensley (Fairview).
Trucks, James F., mc Tulane 11, State Board 14, Birmingham.
Tubb, James, mc Memphis 93, cb Walker 94, Bessemer.
Turner, Noah Franklin, mc Meharry 06, State Board 06, Birmingham.
Vann, Sidney J., mc univ Georgia 00, cb 00, West End.
Vines, A. V., mc ....., cb ....., Bessemer, Rt. 5, Box 41.
Walker, Ezra Hebra, mc Memphis Hosp. 11, State Board 13, Birmingham.
Wallace, Samuel H., mc Birmingham 11, State Board 13, Boyles.
Ware, John B., ng, cb 88, Henry Ellen.
Watts, Anti Costa, mc Louisville 92, cb Winston 92, Lewisburg.
Wellborn, Mitchell D. (col.), mc Meharry 01, cb 01, Pratt City.
Wheeler, Thomas Tyler, mc Grant 00, cb Cleburne 00, Trussville.
Whissenant, Lewis D., ng, mc ....., cb 78, Morris.
White, Robert Allen, mc univ Richmond 07, State Board 07, Wylam.
Wood, James W., mc P. & S. Atlanta 97, cb Clay 97, Republic.
Woods, Leo C., mc Birmingham 14, State Board 14, Birmingham.
Wood, Winston Cass, mc Atlanta 81, cb 81, Bessemer (retired).
Woodall, P. H. (osteopath), mc univ Michigan 96, State Board 00, Birmingham.
York, Aaron Albert, mc Birmingham 06, cb Tuscaloosa 06, Empire.
Young, T. H., mc Tulane 03, cb Lamar 03, Birmingham (East Lake).
Young, Walter B., mc Birmingham 01, cb 01, Warrior.
Total, 199.

Moved into the county—H. W. Allgood, from Blocton, Bibb county, to Fairfield; B. S. Carpenter, from Tuscaloosa county to Fairfield; H. R. Carter, Jr., from Baltimore, Md., to Birmingham; D. M. Davis, from Cordova, Walker county, to Sayre; G. F. Douglas, from Meridian, Miss., to Birmingham; E. B. Durrett, from Carrollton, Pickens county, to Bessemer; M. T. Floyd, from Valley Head, DeKalb county, to .....; A. L. Glaze, Jr., from Athens, Limestone county, to Birmingham; P. P. Goggans, from ..... to Birmingham; H. F. Harris, from Anniston, Calhoun county,

Digitized by Google

to North Birmingham; M. C. Hawkins, from Greenville, Butler county, to Blossburg; A. C. Jackson, from Louisiana to Birmingham (West End); J. F. Jenkins, from Opelika, Lee county, to North Birmingham; W. C. Jones, from Mobile, Mobile county, to Birmingham; John Kimbrough, Jr., from Thomasville, Clarke county, to Woodward; J. A. Livingston, from Pennsylvania to Birmingham; W. W. Long, from Fayette, Fayette county, to Birmingham; H. L. McClendon, from Waverly, Lee county, to Birmingham; E. E. Pollard, from Luverne, Crenshaw county, to Bessemer; W. S. Roberts, from Mobile, Mobile county, to Birmingham; E. B. Smith, from Blocton, Bibb county, to .....; F. E. Stocton, from Louisiana to Birmingham; H. Vandevoort, from Gastonburg, Wilcox county, to Bessemer; O. E. Wilson, from Millerville, Clay county, to Birmingham; T. H. Young, from Vernon, Lamar county, to Birmingham (East Lake).

Moved out of the county—J. S. Abney, from Birmingham to Jackson, Miss.; J. S. Ansley, from Bessemer; E. C. Bandy, from Birmingham to Attalla, Etowah county; D. A. Barnes, from Bessemer; J. E. Bell, from Ensley to Village Springs, Blount county; Henry Boxer, from Birmingham to New York; Fred D. Bradford, from Birmingham; C. W. Brasfield, from Bessemer to Sweetwater, Marengo county; W. M. Caffee, from Avondale to U. S. Army; N. H. Carpenter, from Birmingham to Clinton, Greene county; Oscar Copeland, from Birmingham to Russellville, Franklin county; W. C. Dabney, from Birmingham to Atlanta, Ga.; F. E. Davis, from East Lake, Birmingham; J. E. Dedman, from Birmingham to U. S. P. H. S.; J. D. Dickinson, from Birmingham to New York; W. D. Fonville, from Birmingham to U. S. Army; Leon Fox, from Birmingham to U. S. Army; E. A. Harris, from Bessemer, Rt. 2, to Huntsville, Madison county; H. C. Harris, from Birmingham to Oklahoma; P. B. Ivey, from Birmingham; Rufus Jackson, from Birmingham to Baton Rouge, La.; J. M. Lowery, from Birmingham to U. S. P. H. S.; T. C. Martin, from Birmingham; I. L. Miller, from Edgewater to Alabama City, Etowah county; W. T. Miller, from Ensley to Albertville, Marshall county; J. S. Norton, from Sayreton; Mack Rogers, from Birmingham to U. S. P. H. S.; G. C. Roper, from Birmingham; E. P. Sherman, from Birmingham to New York; H. M. Simpson, from Birmingham to Florence, Lauderdale county; J. C. Slack, from North Birmingham to Hokes Bluff, Etowah county; P. F. Smith, from Ensley; R. L. Smith, from Bessemer, Rt. 5, to Range, Conecuh county; J. T. Thomas,

Digitized by Google

from Birmingham; W. L. Thornton, from Birmingham to Atlanta, Ga.; A. C. Waters, from Birmingham; A. J. White, from Bessemer; C. P. White, from Trafford to Crane Hill, Cullman county; W. H. Wynne, from Birmingham to Gallatin, Tenn.

Died—J. W. Aldridge, Bessemer; J. D. Bancroft, East Lake; G. W. Brown, Pratt City; F. E. Davis, Birmingham; F. H. Johnson, Birmingham; W. G. Martin, Warrior; F. W. McDonald, Wylam; T. C. Morton, Birmingham; S. F. Nash, Bessemer; J. E. Seay, Birmingham; H. H. Sorrell, Brookside; L. A. Spencer, Bessemer; G. H. Stubbs, Birmingham.

---

(38) LAMAR COUNTY MEDICAL SOCIETY, Birmingham, 1877.

OFFICERS.

President—J. M. Roberts.....Vernon
Vice-President—D. W. Box.....Vernon
Secretary-Treasurer—R. H. Redden.....Sulligent
County Quarantine Officer—J. A. Jackson.....Sulligent

City Health Officers—J. C. Buckelew, Sulligent; C. A. Davis, Kennedy; W. W. Blakeney, Millport; D. W. Box, Vernon.

Censors—R. H. Redden, Chairman, Sulligent; C. A. Davis, Kennedy; A. W. Clanton, Millport; W. L. Box, Bedford.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Barksdale, George S., mc Memphis Hosp. 99, cb Lamar 99, Fernbank.
Blakeney, Walter W., mc Memphis Hosp. 01, cb Lamar 01, Millport.
Box, Dan W., mc Alabama 85, cb Lamar 85, Vernon.
Box, W. L., mc Alabama 06, cb Lamar 06, Bedford.
Buckelew, Judge C., mc Grant univ 98, cb Lamar 98, Sulligent.
Clanton, A. W., mc Mississippi 07, cb Lamar 07, Millport.
Davis, Charles A., mc Birmingham 12, State Board 12, Kennedy.
Jackson, John A., mc Memphis Hosp. 99, cb Lamar 99, Sulligent.
Kennedy, John O., mc Alabama 82, cb Lamar 82, Kennedy.
Redden, Raymond Hollis, mc Memphis Hosp. 01, cb Lamar 01, Sulligent.

Digitized by Google

Redden, Robert, Jr., mc Washington univ 72, cb Lamar 77, Sulligent.

Roberts, John Monroe, mc Alabama 07, Lamar 07, Vernon.

Total, 12.

PHYSICIANS NOT MEMBERS.

Black, James Berton, mc Memphis Hosp. 04, cb Lamar 04, Blowhorn.

Collins, Francis A., mc Memphis Hosp. 92, cb Lamar 92, Beaverton.

Duncan, John H., mc Vanderbilt 86, cb Lamar 86, Millport.

Hollis, Daniel D., old law, cb Lamar 84, Sulligent.

Total, 4.

Moved into the county—J. M. Roberts, from Fayette county.

Moved out of the county—T. H. Young, to East Lake, Jefferson county; G. W. Vaughn, from Vernon to parts unknown.

---

(39) LAUDERDALE COUNTY MEDICAL SOCIETY, Tuscaloosa, 1887.

OFFICERS.

President—W. J. Callaway.....Florence
Vice-President—J. D. Lee.....Florence
Secretary-Treasurer—W. H. Abernethy.....Florence
County Health Officer—W. H. Abernethy.....Florence

Censors—P. I. Price, Chairman, Florence; W. B. Turner, Florence; S. S. Roberts, Florence; A. A. Jackson, Florence; J. N. Blakemore, Florence.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Abernethy, William Henry, mc Alabama 09, State Board 09, Florence.

Bayles, Louis E., mc Alabama 11, State Board 11, Rogersville, Rt. 1.

Barnett, Thomas M., mc Vanderbilt 99, cb Chilton 99, Florence.

Belue, John C., ng, cb 90, Rogersville.

Blakemore, Joseph N., mc Memphis Hosp. 07, cb 07, Florence.

Bennett, Thomas Lee, mc A. S. O., Kirksville 11, State Board 12, Florence.

Digitized by Google

Calloway, William J., mc Birmingham 03, cb Jefferson 03, Florence.
Duckett, Levi F., mc univ Tennessee 94, cb 02, Florence.
Ellis, Leon Cicero, mc M. & S., Chicago 13, State Board 13, Florence.
Haisfield, Abram Raymond, M. & S., Chicago 16, State Board 17, Florence.
Hubbard, Wilder D., P. & S., Chicago 95, State Board 14, Florence.
Jackson, Alva A., mc N. W. univ I. V. Med. School 11, State Board 12, Florence.
Kernachan, William Jones, mc Vanderbilt 80, cb 88, Florence.
Lee, John William, mc Kentucky School Med. 90, cb 95, Waterloo.
Lee, John David, mc Memphis Hosp. 00, cb Franklin 01, Florence.
Lindsey, Eugene C., mc Vanderbilt 95, cb Limestone 01, Florence.
Moffitt, Sidney Alonzo, mc univ Nashville 07, State Board (reciprocity with Tennessee) 19, Florence.
Maples, John M., mc univ Louisville 07, cb 07, Killen, R. F. D.
Morris, D. J., ng, cb ....., Florence, Rt. 4.
Peerson, James M., mc Vanderbilt 91, cb 91, Florence.
Penn, Richard L., mc univ Nashville 03, cb Winston 03, Florence.
Price, Percy Isaac, mc Vanderbilt 86, cb 87, Florence.
Roberts, Shaler S., mc Atlanta 14, State Board 14, Florence.
Simpson, Harry Moody, mc univ Alabama 15, State Board 16, Florence.
Stutts, Henry Lee, mc Alabama 00, cb 01, St. Joseph, Tenn., Rt. 1.
Sankey, Joseph, mc Atlanta 04, State Board ....., Florence.
Turner, William Brooks, mc univ Nashville 04, cb 04, Florence, Rt. 4.
Williams, George, ng, cb 90, Killen, Rt. 1.
Young, Luther T., mc Atlanta 17, State Board 19, Florence.
Zimmerman, Albert Sidney, mc univ South 98, cb Lawrence 98, Florence, R. F. D.
Total, 30.

PHYSICIANS NOT MEMBERS.

Cotton, Spencer F., mc univ Alabama 09, State Board 14, Lexington.
Etheridge, Eli H., mc Birmingham 11, State Board 12, St. Joseph.
Mackey, James S., mc univ Tennessee 07, cb 07, Rogersville.
Getz, N. W., mc ...., cb ...., Florence.
Pate, J. A., mc univ Louisville 75, cb 87, Rogersville.

Digitized by Google

Howell, J. R., mc Memphis Hosp. 88, cb Lawrence 88, Florence.
Olive, George Washington, mc univ Alabama 88, cb Tuscaloosa 88, Florence.
Rich, Wallace Edward, mc Atlanta 18, State Board 19, Killen.
Suggs, Thomas Leland, mc Kentucky 88, cb 89, Smithsonia.
Simpson, James A. (col.), mc Meharry 14, State Board (reciprocity with Missouri) 19, Florence.
Taylor, John Francis (col.), mc Meharry 16, State Board 16, Florence.
Weaver, L. A., ng (not in practice), cb 88, Rogersville.
Waddell, John R., mc Vanderbilt 15, State Board 15, Rogersville. Total, 13.

Moved into the county—T. M. Barnett, from Dothan, Houston county; G. W. Olive, from Tuscaloosa county; N. W. Getz, from Marshalltown, Iowa; W. E. Rich, first location; A. R. Haisfield, from Decatur, Morgan county; H. M. Simpson, first location; S. A. Moffitt, from Missouri; L. T. Young, first location.

Moved out of the county—A. M. Walker, from Florence to Carrollton; J. A. Watson, from Waterloo to Blount Springs; J. O. Belue, from Rogersville to Athens, Limestone county.

---

(40) LAWRENCE COUNTY MEDICAL SOCIETY, Birmingham, 1877.

OFFICERS.

President—S. R. Sanders.....Moulton
Vice-President—L. C. Neill.....Hillsboro
Secretary-Treasurer—J. C. Bragg.....Moulton
County Quarantine Officer—Mr. W. A. Moles.....Moulton

Censors—J. C. Bragg, Chairman, Moulton; J. W. Fennell, Mt. Hope; H. F. McCullouch, Town Creek; R. P. Irwin, Moulton; S. R. Sanders, Moulton.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bragg, John C., mc univ Alabama 17, State Board 17, Moulton.
Fennell, James Withe, mc Birmingham 01, cb 01, Mt. Hope.
Fennell, Lawrence S., mc Birmingham 10, State Board 10, Mt. Hope.

Digitized by Google

Irwin, John H., mc Chattanooga 04, cb 04, Moulton.
Irwin, Robert P., mc Birmingham 10, State Board 09, Moulton.
Masterson, John T., Pennsylvania 69, cb 78, Moulton.
McCullouch, Henry C., mc univ Alabama 04, cb 05, Town Creek.
Norton, Thomas G., mc Louisville 10, State Board 17, Town Creek.
Sanders, Samuel R., mc Birmingham 08, State Board 08, Moulton.
Taylor, Woodie R., mc Nashville 10, State Board 10, Town Creek.
Ussery, James A., mc Alabama 15, State Board 15, Courtland.
Walker, D. C., mc Birmingham 05, cb 05, Millsboro.
Total, 12.

PHYSICIANS NOT MEMBERS.

Clark, John K., mc Vanderbilt 82, cb Franklin 88, Courtland.
Total, 1.

Moved into the county—J. C. Bragg, from the Army to Moulton.
Moved out of the county—L. C. Neill, from Hillsboro to Leighton, Colbert county.

---

(41) LEE COUNTY MEDICAL SOCIETY, Huntsville, 1880.

OFFICERS.

President—H. S. Bruce.....Opelika
Vice-President—G. H. Moore.....Opelika
Secretary-Treasurer—B. F. Thomas.....Opelika
County Quarantine Officer—G. H. Moore.....Opelika

Censors—G. H. Cooper, Chairman, Opelika; W. J. Love, Opelika; Byron Bruce, Opelika; W. K. Wheelis, Blanton; F. R. Yarbrough, Auburn.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bennett, Abijah B., mc P. & S., Baltimore 81, cb 81, Opelika.
Bruce, Homer S., mc Atlanta 91, cb Chambers 91, Opelika.
Bruce, Byron S., mc univ Texas 11, State Board (reciprocity with Texas) 20, Opelika.
Cooper, George Hayes, mc Chattanooga 01, cb Lamar 01, Opelika.
Drake, John Hodges, mc Atlanta 67, cb 81, Auburn.
Floyd, Ashby, mc Tulane 89, cb 95, Phoenix City.

Digitized by Google

Langley, O. Velpean, mc Baltimore 93, cb Tallapoosa 93, Loachapoka.
Love, William Joseph, mc Atlanta 82, cb 85, Opelika.
Moore, Gilmer H., mc Maryland 04, State Board 04, Opelika.
McClendon, Henry L., mc univ South 99, cb Chambers 00, Waverly.
McLain, Andrew D., mc univ Alabama 01, cb Chambers 01, Salem.
Palmer, Jesse G., mc P. & S., Baltimore 84, cb Chambers 84, Opelika.
Thomas, Benjamin F., mc Emory univ 17, State Board 17, Opelika.
Thomas, Merrick D., mc P. & S., New York 04, cb Autauga 04, Opelika.
Watkins, Richard S., mc Vanderbilt 81, cb Morgan 81, Phoenix City.
Wheelis, Wade K., mc Louisville 85, cb Chambers 85, Blanton.
Yarbrough, Charles S., mc Atlanta 97, cb 97, Fairfax.
Yarbrough, Cecil S., mc univ Tennessee 01, cb Russell 01, Auburn.
Yarbrough, Frank R., mc univ Tennessee 98, cb Crenshaw 98, Auburn.
Total, 20.

PHYSICIANS NOT MEMBERS.

Darden, John W., mc Leonard 01, State Board 02, Opelika.
Lindsay, Eugene A., mc Meharry 08, State Board 09, Opelika.
Total, 2.

Moved into the county—B. S. Bruce, from Texas.
Moved out of the county—I. W. Ballard, to Columbus, Ga.
Died—C. C. Bullard, S. L. Baird.

---

(42) LIMESTONE COUNTY MEDICAL SOCIETY, Birmingham, 1877.

OFFICERS.

President—J. S. Crutcher.....Athens
Vice-President—D. G. Estes.....Athens
Secretary-Treasurer—J. O. Belue.....Athens
County Quarantine Officer—Mr. H. D. Legg.....Athens

Censors—H. A. Darby, Chairman, Athens; A. D. Powers, Elkmont; W. H. Anderson, Bethel, Tenn., R. F. D.; C. O. King, Athens; J. O. Belue, Athens.

Digitized by Google

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Anderson, Walton Humphries, mc Vanderbilt 08, State Board (reciprocity with Tennessee) 19, Athens.
Belue, Julius O., mc Vanderbilt 15, State Board 15, Athens.
Crutcher, John Sims, mc Vanderbilt 89, cb 89, Athens.
Darby, Henry Alonzo, mc Birmingham 01, cb 01, Athens, Rt. 3.
Dupree, Marvin W., mc Alabama 03, cb 03, Athens.
Estes, David G., mc univ Tennessee 01, cb 01, Athens.
Hagan, William James, mc Jefferson 84, cb 84, Athens.
King, Charles Ordway, mc Vanderbilt 09, State Board 09, Athens.
Mayhall, Clifford Vernon, mc Alabama 15, State Board 15, Elkmont.
Maples, Joseph Hemans, mc univ Nashville 05, cb 05, Elkmont.
Maples, William Ellis, mc univ Nashville 03, cb 03, Elkmont.
Pettus, Benton S., mc Vanderbilt 92, cb 92, Athens.
Pettus, Joseph Albert, mc Louisville 67, cb 67, Athens.
Powers, Alvin Dow, mc univ Alabama 11, State Board 11, Elkmont.
Williams, Robert, mc Vanderbilt 12, reciprocity with Tennessee 19, Athens.
Total, 15.

PHYSICIANS NOT MEMBERS.

Cain, John J., mc Vanderbilt 97, cb 02, Mooresville.
Darden, Deo Volente (col.), mc Meharry 13, State Board 14, Athens.
Hill, James A., mc Vanderbilt 84, cb 84, Mooresville.
Kyle, William Bailey, mc Alabama 89, cb 89, Athens, Rt. 6.
Milhous, mc Nashville 68, cb ....., Elkmont, Rt. 1.
Pettus, J. J., mc Alabama 08, State Board 08, Bellemina.
Wilkinson, Thomas, ng, cb ....., Athens, Rt. 5.
Williams, George Allen, mc univ Nashville 80, cb 91, Elkmont.
Total, 8.

Moved into the county—J. O. Belue, from Rogersville, Lauderdale county, to Athens; W. R. Anderson, from Tennessee to Athens; R. B. Williams, from Tennessee to Athens.

Moved out of the county—A. L. Glaze, from Athens to Birmingham; J. L. Hughes, from Athens to Fort Worth, Texas; D. S. Hindman, from Ripley to Bay, Arkansas.

Died—T. C. Jones.

Digitized by Google

(43) *LOWNDES COUNTY MEDICAL SOCIETY, Mobile, 1878.

OFFICERS.

President—N. G. James.....Hayneville
Vice-President—W. B. Crum.....Fort Deposit
Secretary-Treasurer—W. E. Lee.....Fort Deposit
County Quarantine Officer—Mr. P. C. Herbert.....Hayneville

Censors—W. B. Crum, Chairman, Fort Deposit; J. H. Kimbrough, Lowndesboro; C. W. Powell, Letohatchie; W. E. Lee, Fort Deposit; N. G. James, Hayneville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Coleman, Aurelius Daniel, mc Alabama 80, cb 80, Mt. Willing.
Coleman, Henry Neal, ng, State Board 02, Fort Deposit.
Crum, William Barton, mc Alabama 88, cb 88, Fort Deposit.
James, Norman Gilchrist, mc Alabama 98, cb 98, Hayneville.
Kimbrough, John Henry, mc Memphis Hosp. 94, cb Wilcox 94, Lowndesboro.
Lee, William Ernest, mc Atlanta P. & S. 06, cb 06, Fort Deposit.
Leatherwood, Elbert F., mc Alabama 07, cb 06, Braggs.
Marlette, Cyrus Edmond, mc Louisville 81, cb 91, Hayneville.
Marlette, George C., mc univ Alabama 16, State Board 16, Hayneville.
Powell, Clifton Woodruff, mc Alabama 91, cb 91, Letohatchie.
Powell, George Norman, mc Alabama 96, cb 97, Letohatchie, Rt. 1.
Total, 11.

PHYSICIANS NOT MEMBERS.

Clements, Henry Clay, mc Alabama 99, cb Autauga 99, Benton.
Hagood, Robert B., mc Tulane 05, cb 05, Lowndesboro.
Total, 3.

Died—C. W. Powell, Lowndesboro.

Note.—No report having been received the report as published for 1919 is reproduced.

Digitized by Google

(44) MACON COUNTY MEDICAL SOCIETY, Selma, 1879.

OFFICERS.

President—T. F. Taylor.....Tuskegee
Vice-President—A. L. Hayes.....Notasulga
Secretary-Treasurer—R. H. Howard.....Tuskegee
County Quarantine Officer—Sheriff J. B. Daniel.....Tuskegee

City Health Officers—W. P. Magruder, Tuskegee; A. L. Hayes, Notasulga.

Censors—W. S. Johnson, Chairman, Notasulga; L. W. Johnston, Tuskegee; W. P. Magruder, Tuskegee; P. M. Lightfoot, Shorters; T. F. Taylor, Tuskegee.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Booth, Benson W., mc Alabama 05, cb Autauga 05, Shorters.
Collier, George B., mc Tulane 15, State Board 15, Tuskegee.
Hayes, Armistead L., mc Birmingham 14, State Board 14, Notasulga.
Howard, Robert H., mc univ Alabama 11, State Board 11, Tuskegee.
Johnston, Frank M., mc univ South 00, cb 00, Tuskegee.
Johnston, Louis William, mc Alabama 89, cb 89, Tuskegee.
Johnson, William Samuel, mc univ Tennessee 11, State Board 11, Notasulga.
Lightfoot, Phillip Malcolm, mc Alabama 00, cb 00, Shorters.
Magruder, William Perry, mc Atlanta 90, cb 90, Tuskegee.
Mullen, William LaFayette, mc Alabama 03, cb Houston 03, Opelika, R. F. D.
Taylor, Thomas F., mc Alabama 04, cb Mobile 04, Tuskegee.
Thompson, Charleton, mc P. & S., Atlanta 99, cb 99, Tuskegee.
Total, 12.

PHYSICIANS NOT MEMBERS.

Kenny, John A. (col.), mc Leonard 01, cb 02, Tuskegee Institute.
Wood, George P., mc Memphis Hosp. 89, cb 90, Tuskegee.
Cobbs, Price Peter (col.), mc D. C. 19, ..., Tuskegee Institute (intern at hospital).
Scruggs, Ivorile Lorimer (col.), mc D. C. 19, ..., Tuskegee Institute (intern at hospital).
Total, 4.

Digitized by Google

(45) MADISON COUNTY MEDICAL SOCIETY, Birmingham, 1877.

OFFICERS.

President—E. V. Calwell.....Huntsville
Vice-President—Edgar Rand.....Huntsville
Secretary-Treasurer—M. M. Duncan.....Huntsville
County Health Officer—Carl A. Grote.....Huntsville
City Health Officer—Carl A. Grote.....Huntsville

Censors—Edgar Rand, Chairman, Huntsville; T. E. Dryer, Huntsville; M. R. Moorman, Huntsville; I. W. Howard, Maysville; C. H. Russell, Huntsville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Brooks, Osceola Judkins, mc Tulane 93, cb Chilton 93, Huntsville.
Burnam, James Fulton, univ Nashville 99, cb 99, Huntsville.
Caldwell, Edwin Valdivia, mc Alabama 07, State Board 07, Huntsville.
Carpenter, James Allen, mc Alabama 96, cb 96, New Hope.
Dryer, Thomas Edmund, mc Alabama 86, cb 86, Huntsville.
Duncan, Maurice Miller, mc univ Alabama 14, State Board 14, Huntsville.
Grote, Carl Augustus, mc univ Alabama 12, State Board 12, Huntsville.
Graham, Benjamin Emmet, mc univ South 94, cb Jackson 94, Gurley.
Haden, William Wright, mc Vanderbilt 92, cb 94, Huntsville.
Hatchett, William G., mc Memphis Hosp. 12, State Board 12, Toney.
Howard, Isaac William, mc Memphis Hosp. 98, cb DeKalb 99, Maysville.
Jordan, William F., mc Jefferson 09, State Board 09, Huntsville.
Kyser, James Allen, mc Tulane 11, State Board 11, Madison.
Laughlin, James Burnett, mc univ Virginia 12, *pro forma* U. S. Navy 20, Huntsville.
Lipscomb, Albin Wilshire, mc Vanderbilt 96, cb 96, New Market.
McCowan, Walter Steele, mc univ Tennessee 93, cb Morgan 03, New Market, R. F. D.
Moorman, Marion Ridley, mc univ South 00, cb 01, Huntsville.

Digitized by Google

Moreland, Howard Canon, mc univ Kentucky 05, cb Hale 05, Huntsville.

Mullins, Thomas Knox, mc Atlanta 98, cb Pike 98, Huntsville.

Pettus, Claude, mc Vanderbilt 96, cb Limestone 96, Huntsville, Rt. 3.

Pride, William Thomas, mc Tulane 95, cb 95, Madison.

Rand, Edgar, mc Alabama 79, cb Lawrence 79, Huntsville.

Rousseau, William R., mc univ Alabama 17, State Board 17, Huntsville.

Russell, Christopher H., mc Birmingham 12, State Board 13, Huntsville.

Stewart, Roscoe C., mc univ Alabama 13, State Board 14, Huntsville.

Summer, William Pleasant, mc univ Nashville 05, State Board (reciprocity with Tennessee) 19, Huntsville.

Turner, Ferdinand Hammond, mc Birmingham 03, cb St. Clair 03, Toney.

Walker, J. Ernest, Jr., mc univ Tennessee 08, State Board 08, Huntsville.

Westmoreland, Hawkins Davenport, mc Vanderbilt 92, cb Limestone 93, Huntsville.

Wikle, Luther LaFayette, mc univ Tennessee 88, cb 88, Madison.

Williamson, Edwin Oliver, mc Chattanooga 98, cb 98, Gurley.

Wilson, Frank Beatty, mc Vanderbilt 01, State Board 10, Huntsville.

Total, 32.

PHYSICIANS NOT MEMBERS.

Bronilett, P. L., mc Cincinnati 71, State Board 84, Huntsville.

Harris, Esau Allen, mc univ South 98, cb St. Clair 98, Huntsville.

Hatcher, Archibald W., cb 82, retired, Huntsville.

Nall, Charles Fisher (col.), mc Meharry 18, State Board 19, Huntsville.

Scruggs, Burgess S. (col.), mc Meharry 79, cb 79, Huntsville.

Shelby, Anthony, mc ....., cb 78, retired, Huntsville.

Wilkie, Jesse Ollie, mc Birmingham 15, State Board 15, Madison.

Williams, John W., mc Memphis Hosp. 95, cb Limestone 04, Harvest, R. F. D.

Total, 8.

Digitized by Google

Moved into the county—E. A. Harris, from Jefferson county, to Huntsville; J. O. Wilkie, to Madison.

Moved out of the county—I. W. Patton, from Madison to Apo, Ariz.; J. D. Scrivner, from New Market to Tuscaloosa county; W. W. Wall, from New Hope to Grant, Marshall county.

Died—C. E. Blanton, February 21, 1920; W. W. Derrick (col.), February 1, 1919.

---

(46) MARENGO COUNTY MEDICAL SOCIETY, Birmingham, 1877.

OFFICERS.

President—W. T. Cocke.....Demopolis
Vice-President—W. L. Kimbrough.....Linden
Secretary—C. J. Stallworth.....Thomaston
Treasurer—E. B. Bailey.....Demopolis
County Quarantine Officer—Guy J. Dunning.....Linden

City Health Officers—C. W. Lacey, Demopolis; T. C. Cameron, Faunsdale; W. B. Harrell, Thomaston; Guy J. Dunning, Linden.

Censors—W. T. Cocke, Chairman, Demopolis; J. D. Jones, Sweetwater; C. N. Lacey, Demopolis; W. B. Harrell, Thomaston.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bailey, Ed Burke, mc univ Virginia 97, cb 01, Demopolis.
Cameron, Turner C., mc univ Alabama 07, State Board 07, Faunsdale.
Cocke, William T., mc Birmingham 03, cb Franklin 03, Demopolis.
Dunning, Guy Jennings, mc univ Alabama 11, State Board 11, Linden.
Hand, Leslie M., mc Kentucky School Med. 04, cb 04, Demopolis.
Harrell, W. B., mc Louisville 05, cb Chambers 05, Thomaston.
Jones, James D., mc univ Kentucky 93, cb 94, Sweetwater.
Kimbrough, W. L., mc univ Louisiana 81, cb Wilcox 81, Linden.
Lacey, Claud N., mc univ Alabama 00, cb Washington 03, Demopolis.
Lee, Earl F., mc univ Alabama 03, cb 04, Consul.
Lockhart, William C., mc univ Alabama 89, cb 89, Dayton.
Moseley, David C., mc univ Alabama 88, cb 08, Faunsdale.

Digitized by Google

Savage, Thomas C., mc univ Alabama 11, State Board 12, Demopolis.
Stallworth, Clarke Jackson, mc univ Maryland 12, State Board 12, Thomaston.
Total, 13.

HONORARY MEMBERS.

Jones, G. E., mc univ Alabama 87, cb Clarke 83, Gallion, Rt. 1.
Wilson, I. G., mc univ Louisiana 58, Dallas 78, Demopolis.
Slade, Henry, mc univ Alabama 72, cb 78, Magnolia.

PHYSICIANS NOT MEMBERS.

Johnston, I. W., mc univ Alabama 00, State Board 03, Nicholasville.
Malone, J. C., mc Memphis Hosp. 01, cb Greene 01, Dayton.
Miller, Jesse C., mc Memphis 01, State Board 01, Myrtlewood.
McCants, Jason S., mc Atlanta 66, cb 86, Jefferson.
McMillan, T. N., mc univ Alabama 95, ... —..... ....., Consul.
Rhodes, Charles E., mc univ South 05, cb 06, Demopolis.
Stone, Sardine J., mc univ Alabama 87, cb Calhoun 87, Nanafalia.
Wood, J. H., mc univ Alabama 86, cb 86, Vangale.
Brasfield, Charles W., mc Birmingham 03, cb 03, Sweetwater.

Moved into the county—C. W. Brasfield, to Sweetwater; Guy J. Dunning, from Army to Linden.

---

(47) *MARION COUNTY MEDICAL SOCIETY, Montgomery, 1888.

OFFICERS.

President—M. C. Hollis.....Winfield
Vice-President—R. L. Hill.....Winfield
Secretary—Hill W. Howell.....Hamilton
Treasurer—M. S. White.....Hamilton
County Quarantine Officer—M. S. White.....Hamilton

Censors—J. C. Johnson, Chairman, Hamilton; J. R. Burleson, Hamilton; M. C. Hollis, Winfield; M. S. White, Hamilton; J. R. Brown, Bexar.

Digitized by Google

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Barnes, Reuben H., mc Atlanta 14, State Board 14, Glen Allen, R. 1.
Brown, James R., mc Memphis Hosp. 12, State Board 13, Bexar, Route 1.
Burleson, John Rufus, mc Memphis Hosp. 97, cb 97, Hamilton.
Clark, William F., ng, old law 88, Hamilton, Rt. 1.
Flippo, La Fann N., mc univ Alabama 04, cb 07, Bear Creek.
Hill, Robert L., mc Memphis Hosp. 05, cb 05, Winfield.
Hollis, Murray C., mc Memphis Hosp. 08, State Board 08, Winfield.
Howell, Hill W., mc univ Nashville 09, State Board 09, Hamilton.
Johnson, John Carroll, mc Louisville 92, cb Fayette 92, Hamilton.
Mixon, George Wesley, mc Alabama 04, cb 04, Hackleburg.
Moorman, Achilles Lucian, mc Kentucky, ng, old law 88, Bexar.
Phillips, Wendell V., mc Alabama 01, cb 02, Bear Creek.
Randolph, John Franklin, mc Memphis Hosp. 98, cb Fayette 99, Brilliant.
Sizemore, Daniel M., mc univ Nashville 07, cb Lamar 07, Guin.
White, Marvin S., mc Louisville 03, cb 03, Hamilton.
Wilson, John L., mc Birmingham 11, State Board 12, Hackleburg.
Total, 16.

PHYSICIANS NOT MEMBERS.

Brooks, P. I. W., ng, Hackleburg.
Cochran, William J., Jr., mc Chattanooga 05, cb 05, Brilliant.
Cochran, William J., ng, old law 88, Brilliant.
Earnest, James F., ng, old law 88, Winfield.
Earnest, Warren L., mc Memphis Hosp. 04, cb 04, Winfield.
Goggans, Kimbro B., Memphis Hosp. 93, cb 93, Hackleburg.
Guinton, Warren W., mc St. Louis ....., old law, Hamilton.
Northington, James L., mc Memphis Hosp. 07, cb 07, Hamilton.
Shelton, William H., mc Memphis Hosp. 01, cb 01, Guin.
Total, 9.

Digitized by Google

(48) MARSHALL COUNTY MEDICAL SOCIETY, Anniston, 1886.

OFFICERS.

President—E. M. Hyatt.....Albertville
Vice-President—J. R. Thomas.....Albertville
Secretary-Treasurer—W. E. Noel.....Boaz
County Quarantine Officer—J. R. Thomas.....Albertville
City Health Officer—W. E. Noel.....Boaz

Censors—J. H. Thomason, Chairman, Guntersville; W. R. Huckaby, Union Grove; J. E. Lindsay, Douglas; W. E. Noel, Boaz; W. T. Miller, Albertville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Cooley, Beamon Sherley, mc univ Tennessee 12, State Board 12, Boaz.
Couch, Ezekiel H., mc Vanderbilt 05, cb 05, Guntersville.
Hall, William Pressley, mc Atlanta 86, cb 86, Albertville.
Huckaby, William R., mc Birmingham 15, State Board 15, Union Grove.
Hyatt, Ernest M., mc univ Alabama 11, State Board 11, Albertville.
Irvin, W. F., mc univ Louisville 83, cb 87, Albertville.
Jordan, David Carnes, mc Memphis Hosp. 92, cb 92, Guntersville.
Lindsay, Joseph Edward, mc Birmingham 14, State Board 14, Horton.
Lusk, Phocian B., mc Bellevue 91, cb Board 91, Guntersville.
Miller, Walter T., mc Birmingham 07, cb DeKalb 07, Albertville.
Noel, William East, mc Grant univ 99, cb 00, Boaz.
Thomas, John R., mc univ Nashville 02, cb 02, Albertville.
Thomason, James Henry, mc univ Tennessee 07, cb 07, Guntersville.
Total, 13.

PHYSICIANS NOT MEMBERS.

Dowdy, I. Lee, mc Chattanooga 03, cb 03, Albertville, R. F. D.
Fennell, Robert Foster, mc Tulane 11, State Board 11, Guntersville.
Hinds, William T., mc Alabama 90, cb Blount 90, Arab.

Digitized by Google

Hinds, Montgomery L., mc Vanderbilt 91, cb Gullman 92, Arab.
Horsley, Henry L., mc univ Nashville 04, cb 04, Boaz.
Hughes, William L., mc univ Alabama 84, cb 86, Union Grove, R. F. D.
Johnson, John Kemper, mc univ Nashville 84, cb DeKalb 85, Boaz.
Maples, John H., old law, cb 86, Guntersville, R. F. D.
Wall, William Wiley, mc Birmingham 13, State Board 14, Grant.
Total, 9.

Moved into the county—W. T. Miller, from Jefferson to Albertville.

Moved out of the county—W. T. Gillespie, to Etowah county.

Died—J. R. Sherman, April 24, 1919, apoplexy; W. A. Elrod, Albertville.

---

(49) MOBILE COUNTY MEDICAL SOCIETY, Mobile, 1876.

OFFICERS.

President—A. E. Maumenee.....Mobile
Vice-President—W. H. Oates.....Mobile
Secretary—W. W. Scales.....Mobile
Treasurer—E. W. Cawthon.....Mobile
County Health Officer—C. A. Mohr.....Mobile

Censors—J. T. Inge, Chairman, Mobile; D. T. McCall, Mobile; Toulmin Gaines, Mobile; W. T. Henderson, Mobile; E. W. Cawthon, Plateau.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Acker, Paul Jerome Morris, mc Alabama 92, cb 92, Mobile.
Armistead, John Robert, mc Maryland 08, State Board 08, Prichard.
Bancroft, Marion Joseph, mc Alabama 99, cb Mobile 00, Mobile.
Baumhauer, Theodore Clergot, mc univ Pennsylvania 03, cb 07, Mobile.
Beck, Julius Edward, mc univ Alabama 12, State Board 12, Mobile.
Blake, Theodore M., mc Alabama 00, cb Baldwin 03, Toulminville.
Blewett, Means, mc univ Tennessee 91, cb Washington 95, Citronelle.

Digitized by Google

Bondurant, Eugene DuBose, mc univ Virginia 83, cb Hale 83, Mobile.

Campbell, Douglas Gwin, mc Alabama 96, cb Mobile 96, Mobile.

Cawthon, Edly W., mc univ Alabama 08, State Board 08, Plateau.

Cogburn, Harry Reginald, mc univ Alabama 13, State Board 13, Crighton.

Cole, Herbert P., mc Johns Hopkins univ 06, State Board 07, Mobile.

Crampton, Orson Lucius, mc Bellevue 65, cb Mobile 78, Mobile.

Dodson, James Horace, mc univ Alabama 14, State Board 14, Mobile.

Conwell, Thomas Isaac, mc univ Nashville 03, cb Walker 04, Chickasaw.

Dreaper, Edward Bernard, mc univ Pennsylvania 07, State Board 09, Mobile.

Evans, Josiah Edward, mc univ Alabama 00, cb 00, Mobile.

Fonde, George Heustis, mc Alabama 97, cb Mobile 97, Mobile.

Frazer, Emmett B., mc univ Alabama 19, State Board 19, Mobile.

Gaines, Marion Toulmin, mc Alabama 90, cb Mobile 92, Mobile.

Gaines, Vivian Pendleton, mc univ Alabama 72, P. & S. N. Y. 73, cb Choctaw 79, Mobile.

Gay, Nathaniel S., mc Atlanta 00, cb Mobile 01, Whistler.

Glass, Parker Joseph, mc Alabama 84, cb Mobile 95, Mobile.

Gray, Henry Warren, mc Kentucky School of Med. 03, State Board 13, Oak Grove.

Haas, Toxey Daniel, mc univ Alabama 12, State Board 12, Mobile.

Hale, Stephen Fowler, mc Maryland 04, State Board 04, Mobile.

Hannon, William Campbell, mc univ Alabama 16, State Board 16, Mobile.

Henderson, William Thomas, mc Detroit 96, cb Mobile 97, Mobile.

Hope, John C., mc Alabama 08, State Board 09, Mobile.

Howard, Percy John, mc Alabama 96, cb Mobile 96, Mobile.

Inge, Francis Marion, mc Maryland 10, State Board 10, Mobile.

Inge, Harry Tutwiler, mc univ New York 83, cb Mobile 83, Mobile.

Inge, James Tunstall, mc univ New York 94, cb Mobile 95, Mobile.

Jackson, William Richard, mc Alabama 8, cb Mobile 88, Mobile.

Jones, Robert Clarence, mc Alabama 05, cb Mobile 05, Mobile.

Jones, William C., mc Alabama 07, State Board 07, Mobile.

Kilpatrick, George Carlton, mc Tulane 08, State Board 15, Mobile.

McCafferty, E. L., mc Atlanta P. & S. 02, cb Mobile 02, Mount Vernon.

Digitized by Google

McCall, Daniel T., mc Louisville 94, cb Choctaw 94, Mobile.
McGehee, Paul Duncan, mc univ Alabama 10, State Board 09, Mobile.
McVay, Leon Victor, mc univ Alabama 15, State Board 15, Mobile.
Maumenee, Alfred Edward, mc univ Alabama 05, cb Wilcox 05, Mobile.
Mohr, Charles A., mc Alabama 84, cb Mobile 92, Mobile.
Newburn, George W., mc Alabama 07, cb Mobile 07, Prichard.
Oates, William Henry, mc Bellevue 98, cb 02, Mobile.
O'Gwynn, John Coleman, mc Tulane 92, cb Mobile 92, Mobile.
Oswalt, George Guy, mc univ Alabama 14, State Board 14, Mobile.
Owen, Calvin Norris, mc Alabama 88, cb Mobile 88, Mobile.
Perdue, James Devote, mc univ Alabama 13, State Board 13, Mobile.
Perdue, William W., mc univ Alabama 08, State Board 07, Mobile.
Peterson, James Jesse, mc Tulane 99, cb Lee 00, Mobile.
Pugh, Sidney Stewart, mc Tulane 89, cb Clarke 89, Mobile.
Reaves, Jesse Ullman, mc Tulane 08, State Board 08, Mobile.
Robinson, Thomas Franklin, univ Nashville 80, cb Blount 80, Mobile.
Roe, Lee Wright, mc Alabama 01, cb Mobile 01, Mobile.
Ross, Cecil H., mc univ Tennessee 16, State Board 16, Mobile.
Rush, John Osgood, mc univ Alabama 04, cb 05, Mobile.
Scales, Willis West, mc Alabama 96, cb Mobile 96, Mobile.
Schwarz, Joseph, mc Tulane 01, cb Marengo 01, Mobile.
Sledge, Edward Simmons, mc univ Pennsylvania 09, State Board 10, Mobile.
Terrill, Edward Chapin, mc univ Alabama 09, State Board 10, Mobile.
Thames, Eugene, mc univ Alabama 10, State Board 10, Mobile.
Thayer, Alfred Edward, mc Columbia univ 84, State Board ___, Mobile .
Walker, Howard J. S., mc Memphis Hosp. 13, State Board 14, Mobile.
Weldon, Joseph Marion, mc univ Alabama 13, State Board 13, Mobile.
Wilson, John M., mc Alabama 07, State Board 07, Mobile.
Winthrop, Gilman Joseph, mc Johns Hopkins 08, State Board 08, Mobile.
Wright, Ruffin A., mc univ Virginia 80, cb Sumter 89, Mobile.
Total, 68.

Digitized by Google

PHYSICIANS NOT MEMBERS.

Adams, John Thomas, mc univ Alabama 09, State Board 09, Mobile.
Brewton, William M., mc Alabama 00, cb 02, Prichard.
Brown, Robert Dwight, mc Nat. Med. Union 97, State Board 06, Mobile.
Brown, William F., mc Leonard 05, State Board 05, Mobile.
Burkhalter, John T., U. S. P. H. S., Mobile.
Chapman, Charles Edward, mc Alabama 00, cb Conecuh 02, Mobile.
Duffield, Alfred M. (Hom.), mc univ Boston 85, cb 85, Citronelle.
Duggar, Llewellyn Ludwig, mc Alabama 98, cb 99, Mobile.
England, John Tillman, mc Alabama 99, cb 99, Mobile.
Fort, Mannie A., mc Tulane 03, cb Limestone 04, Grand Bay.
Franklin, James Alexander (col.), mc univ Michigan 14, State Board 15, Plateau.
Gaillard, Samuel S., mc univ Alabama 10, State Board 10, Mobile.
Goff, McInnis Lamar, mc univ Alabama 12, State Board 13, Mobile.
Granberry, Joseph Langley, mc Louisville 91, cb ..... 91, Grand Bay.
Hale, William Alexander, mc Chattanooga 06, cb Mobile 06, Mobile.
Harris, Oliver Hood, mc Alabama 95, cb Mobile 96, Mobile.
Harris, Thomas Nathaniel, mc Meharry 99, State Board 99, Mobile.
Havard, Hardy David, mc univ Alabama 11, State Board 11, Mobile.
Heard, Wilber L., mc univ Alabama 14, State Board 14, Chickasaw.
Horn, Samuel W., mc Emory univ 16, State Board 16, Chickasaw.
Inge, Richard, mc univ New York 71, cb Hale 78, Mobile.
Jeffries, William Bennett, mc Washington univ, Baltimore 76, cb Perry 77, Citronelle.
Jones, Paul Roy, cb Vanderbilt 98, cb Franklin 98, Whistler.
Kilpatrick, Rufus H., mc Alabama 88, cb Wilcox 88, Bayou La Batre.
Ligon, Ellen, mc American School of Osteopathy 00, State Board 00, Mobile.
Little, Otis W., mc univ Louisville ....., State Board 11, Mt. Vernon.
Mastin, Claudius H., mc Pennsylvania 84, cb 84, Mobile.
Mastin, William McDowell, mc univ Pennsylvania 74, cb Mobile 74, Mobile.
McCrary, Druary O., mc Pulte 96, cb 97, Mobile.
Moorer, Monte LeRoy, mc univ Alabama 17, State Board 17, Mt. Vernon.

Digitized by Google

Myers, Augustus P., mc St. Louis Homeopathic 88, old law, Mobile.
Nye, Fred Tracey, mc Northwestern univ 81, reciprocity with Wisconsin 20, Irvington.
Roach, Alexander N. Talley, mc univ South 02, cb Perry 02, Mobile.
Roe, C. K., mc univ Kentucky 71, cb Mobile 06, Spring Hill.
Ross, Cecil H., mc univ Tennessee 16, State Board 16, Mobile.
Shaw, Rowell Wilbur, mc Memphis Hosp. 00, cb Washington 00, Mobile.
Spottswood, Dillon J., mc Alabama 90, cb Mobile 92, Mobile.
Schwaemmle, Charles H., mc Jefferson 90, cb Mobile 90, Mobile.
Sherard, Frank Ross, mc univ Pennsylvania 94, cb Mobile 94, Mobile.
Simington, Alfred Dennis (col.), mc Meharry 00, cb Perry 01, Mobile.
Taylor, E., mc univ Tennessee 04, cb Baldwin 04, Crichton.
Terrill, James W., mc univ Alabama 13, State Board 13, Chickasaw.
Tisdale, William M., mc Tulane 18, State Board 18, Mt. Vernon.
Ward, Alfred G., mc Alabama 94, cb Mobile 94, Mobile.
Welch, Edward A., mc St. Louis univ 18, U. S. P. H. S., Marine Hospital, Mobile.
Williams, Henry Roger, mc Meharry 00, cb Morgan 00, Mobile.
White, Meredith, mc American School Osteopathy 10, State Board 10, Mobile.
Total, 47.

Moved into the county—M. L. Goff, from Pell City, St. Clair county, to Mobile; J. R. Armistead, from Jackson; W. C. Hannon, from New York; J. D. Perdue, from Furman; L. V. McVay, from Salitpa; F. T. Nye, from Belvit, Wis.; J. M. Weldon, from Tallassee; J. A. Franklin (col.), from Evergreen; H. D. Havard, from Sedalia, Mo.; R. W. Shaw, from Foshee.

Moved out of the county—J. H. Agnew, to Pennsylvania; D. J. Long, from Prichard; W. C. Jones, to Jefferson county; W. H. Clarke, from Falco to Uniform, Washington county; A. M. Cowden, to Shelby county; R. C. Macy, to Mexico; R. H. Peters, from Mobile to Yarbo, Washington county; E. A. Peterson, to Colorado; R. B. Dodson, from Grand Bay to Cullman, Cullman county; J. McC. Reid, from Chunchula to Fairfield, Washington county.

Died—C. E. Farish, February 20, 1919, killed by railroad train; Angelo Festorazzi, January 18, 1919, cerebral hemorrhage.

Digitized by Google

(50) MONROE COUNTY MEDICAL SOCIETY, Birmingham, 1877.

OFFICERS.

President—F. S. Dailey.....Tunnel Springs
Vice-President—J. W. Rutherford.....Franklin
Secretary-Treasurer—A. B. Coxwell.....Monroeville
County Quarantine Officer—Mr. E. C. Neville.....Monroeville

Censors—A. B. Coxwell, Chairman, Monroeville; W. M. Hestle, Burnt Corn; R. A. Smith, Finchburgh; J. W. Rutherford, Franklin; J. F. Busey, Jones Mill.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Broughton, William Edwood, mc Louisville 10, State Board 10, Perdue Hill.
Busey, John Francis, mc Alabama 94, cb 94, Jones Mill.
Cannon, Edmund R., mc Alabama 05, cb 05, Vredenburgh.
Cole, David D., mc Alabama 97, cb 98, Eliska.
Coxwell, Alvin Bartley, mc Louisville 07, cb 07, Monroeville.
Dailey, Fielding Straughn, mc Alabama 71, cb 77, Tunnel Springs.
Dailey, John Jonathan, mc Alabama 06, cb 06, Tunnel Springs.
Dennis, Thomas Edmund, mc univ South 08, State Board 08, Monroeville.
Harper, George H., mc Atlanta 02, cb 02, Monroeville.
Hestle, William Monroe, mc Atlanta 85, cb 85, Burnt Corn.
Lyda, Henry M., mc Memphis Hosp. 05, cb 05, Jones Mill.
Mason, William Allen, mc Alabama 06, cb 06, Excel.
McMillan, Samuel B., Atlanta P. & S. 02, cb 02, Jones Mill.
Nettles, Daniel Robbins, mc Alabama 01, cb 01, Peterman.
Rutherford, James W., mc Alabama 93, cb 93, Franklin.
Roberts, James W., mc Memphis Hosp. 07, State Board 07, Garland, Rt. 1.
Smith, Raiford Agee, mc univ Alabama 12, State Board 12, Wainwright.
Total, 17.

PHYSICIANS NOT MEMBERS.

Bryars, Floyd, mc Alabama 05, cb 05, Uriah.
Caine, Vaughn Holmes, mc Alabama 92, cb 92, Nadawah

Digitized by Google

Cobb, William Floyd, mc Vanderbilt univ 95, cb 95, Jones Mill.
Cox, James W., mc Tulane 95, cb Wilcox 95, Vredenburgh.
Gaillard, George Walter, mc Louisville 82, cb 82, Perdue Hill.
McMillan, Charles H., mc Alabama 09, State Board 09, Beatrice.
Stacey, Andrew George, mc Kentucky School Med. 05, cb 06, Skinnerton.
Total, 7.

Moved into the county—C. H. McMillan, from Bellview, Wilcox county, to Beatrice; J. W. Cox, from Furman, Wilcox county, to Vredenburgh.

Moved out of the county—W. T. Bayles, from Monroeville to Luverne; S. P. Gaillard, from Perdue Hill to Mobile.

Died—W. A. Stallworth, Beatrice.

---

(51) MONTGOMERY COUNTY MEDICAL SOCIETY, Eufaula, 1878.

OFFICERS.

President—M. B. Kirkpatrick.....Montgomery
Vice-President—F. P. Boswell.....Montgomery
Secretary—A. Trumper.....Montgomery
Treasurer—F. C. Stevenson.....Montgomery
Health Officer—W. A. McPhaul.....Montgomery

Censors—F. C. Stevenson, Chairman, Montgomery; B. F. Anderson, Montgomery, Rt. 2; C. T. Pollard, Montgomery; F. W. Wilkerson, Montgomery; H. B. Wilkinson, Montgomery.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Baker, James Norment, mc univ Virginia 98, cb 00, Montgomery.
Baldwin, Benjamin James, mc Bellevue Hospital 77, cb 83, Montgomery.
Bird, Buford Cosby, mc Emory univ 17, State Board (reciprocity with Georgia) 19, Montgomery.
Blue, George Eason, mc Columbia univ 15, State Board 17, Montgomery.
Blue, John Howard, mc P. & S. New York 01, State Board 01, Montgomery.

Digitized by Google

Boswell, Frederick Page, mc Alabama 13, State Board 14, Montgomery.

Boyd, Lynn Matthews, mc Alabama 01, cb Macon 01, Montgomery.

Broach, Norman Leslie, mc Emory 09, State Board 03, Pine Level.

Burke, Rush Pearson, mc P. & S. New York 08, State Board 10, Montgomery.

Centerfit, Samuel Early, mc univ New York 98, State Board 99, Montgomery.

Chapman, Benjamin Sidney, mc univ New York 92, cb 92, Montgomery.

Cowles, A. D., mc Alabama 11, State Board 11, Ramer.

Dark, Virgil, mc Tulane 11, State Board 12, Montgomery.

Dawson, Harris Pickens, mc Tulane 10, State Board 09, Montgomery.

Dennis, Andrew J. L., mc Atlanta Southern 90, cb Chilton 94, Montgomery.

Dennis, George A., mc Atlanta Southern 93, cb Autauga 93, Montgomery.

Gaston, Joseph Lucius, mc P. & S. New York 85, cb 88, Montgomery.

Greil, Gaston J., mc P. & S. New York 01, State Board 02, Mont-

[illegible] State Board 97, Mont-

Kirkpatrick, [illegible]
gomery.

Laslie, Carney G., mc Baltimore 03, cb Macon 03, Montgomery.

Law, William Lamar, mc Tulane 94, cb Dallas 94, Montgomery.

Marks, Charles L., mc univ Virginia 06, cb 06, Montgomery.

Mason, Joseph Crump, mc Belleview 81, cb 81, Snowdoun.

Mertins, Paul Stearns, mc Harvard 00, cb Conecuh 01, Montgomery.

Milligan, Rufus Lee, mc Nashville 03, cb Cullman 03, Montgomery.

Montgomery, Arthur Hugh, mc Atlanta 98, cb 98, Montgomery.

Mount, Bernard, mc Tulane 00, State Board 06, Montgomery.

Digitized by Google

McCall, Julius Watkins, mc Tulane 15, State Board 16, Montgomery.

McConnico, Frank Hawthorne, mc Tulane 99, cb Wilcox 99, Montgomery.

McGehee, William Wallace, mc Alabama 07, State Board 08, Montgomery.

McPhaul, Wilbur A., mc univ Nashville 04, licensed in North Carolina 05, Health Officer, Montgomery.

Penton, John Randolph, mc Emory 14, State Board 15, Montgomery.

Perry, Henry Gaither, mc Georgia Eclectic 88, cb Butler 88, Montgomery.

Persons, Henry Stanford, mc univ Virginia 93, cb Lee 94, Montgomery.

Pollard, Charles Teed, mc Tulane 97, cb 97, Montgomery.

Reynolds, Fred Dawson, mc Johns Hopkins 16, State Board (reciprocity with Pennsylvania) 19, Montgomery.

Reynolds, Gibson, mc P. & S. New York 01, State Board 01, Montgomery.

Rice, Clark Hilton, mc Tulane 03, State Board 14, Montgomery.

Robinson, Louis Dominick, mc Tulane 96, cb 96, Montgomery.

Rushing, Thomas Elbert, mc Alabama 90, cb 91, Pike Road.

Sellers, Wilbur Allen, mc Alabama 04, cb Bullock 04, Montgomery.

Snow, John L., mc Alabama 91, cb Lowndes 91, Montgomery.

Smith, James Lee, mc Atlanta P. & S. 10, State Board 10, Montgomery, Rt. 2.

Steiner, Samuel Jackson, mc Vanderbilt 78, cb Butler 79, Montgomery.

Stevenson, Forney Caldwell, mc P. & S. New York 93, cb Calhoun 93, Montgomery.

Stough, Thomas Jefferson, mc univ Tennessee 93, cb Crenshaw 93, Montgomery.

Stough, William Vesta, mc Alabama 07, cb 07, Montgomery.

Suggs, Samuel D., mc Alabama 05, cb 05, Montgomery.

Tankersley, William, mc univ Kentucky 06, cb Crenshaw 06, Hope Hull.

Thigpen, Charles Alston, mc Tulane 88, cb Butler 88, Montgomery.

Thigpen, Francis Marion, mc Tulane 91, cb Butler 91, Montgomery.

Thigpen, William Gray, mc Tulane 01, cb 01, Montgomery.

Thorington, Thomas Chilton, mc Tulane 94, cb 94, Montgomery.

Digitized by Google

Trumper, Abraham, mc Jefferson College 11, State Board 12, Montgomery.

Westcott, William B., mc P. & S. New York 02, State Board 02, Montgomery.

Wilkerson, Fred Wooten, mc P. & S. New York 09, State Board 09, Montgomery.

Wilkerson, William Washington, mc Tulane 19, State Board 19, Montgomery.

Wilkinson, Henry B., mc univ Virginia 94, cb Tuscaloosa 96, Montgomery.

Wood, Milton Legrand, mc Bellevue 77, cb 84, Montgomery.

Total, 64.

PHYSICIANS NOT MEMBERS.

Adair, Roman T. (col.), mc Am. Mission 10, State Board 11, Montgomery.

Athey, Clanton Ray, mc Alabama 10, State Board, Ramer.

Buchannan, John P., mc univ Alabama 92, cb Butler 92, Montgomery.

Calloway, James Wesley, mc Vanderbilt 82, cb Butler 82, Snowdoun.

Caffey, Frank C. (col.), mc Meharry 99, cb Russell 99, Montgomery.

DeRamus, James A. (col.), mc Meharry 11, State Board 12, Montgomery.

Duncan, Thomas, mc Alabama 92, cb 92, Fleta.

Dungee, Alfred C. (col.), mc Howard 87, State Board 91, Montgomery.

Eubanks, Schuyler C., mc Alabama 02, cb Covington 02, Mt. Meigs.

Gallion, Thomas Travis, mc Louisville 95, cb Marengo 95, Montgomery.

Garrett, James DeWitt, mc Tulane 12, State Board 12, Sellers.

Johnson, Oscar, mc univ Alabama 96, cb Pike 96, Pike Road.

Kendrick, William Toulmin, mc Atlanta 76, cb Butler 78, Montgomery.

McCrummin, Norman H., mc Vanderbilt 84, cb Montgomery 85, Montgomery.

McLean, James Neil, mc Tulane 98, cb Lowndes 99, Hope Hull.

Meriweather, Thomas, mc Alabama 09, State Board 14, Pike Road.

Pearson, Coleman Ferrell, mc Alabama 00, cb 00, Montgomery.

Digitized by Google

Poole, G. B., mc univ Tennessee 10, State Board 11, Sellers, R. F. D.
Purifoy, J. H., mc Reform Medical 57, old law, Montgomery.
Rankin, William R., mc Atlanta P. & S. 01, cb Limestone 01, Montgomery.
Sankey, George L., mc Louisville 76, cb 78, Snowdoun.
Sanderson, J. L., mc Alabama, cb Jefferson 87, Montgomery.
Scott, David H. C. (col.), mc Meharry 95, cb Jefferson 95, Montgomery.
Shackelford, Frank, mc Alabama 98, cb Lowndes 98, Hope Hull.
Washington, William (col.), mc Meharry 06, cb Lowndes 06, Montgomery.
Wilborn, Don, mc Leonard 09, State Board 10, Montgomery.
Wilson, Cato H., mc Meharry 99, cb 99, Montgomery.
Total, 27.

Moved into the county—B. C. Bird, from Colquitt, Ga., to Montgomery; B. F. Jackson, from Clayton, Barbour county, to Montgomery; Oscar Johnson, from Fitzpatrick, Bullock county, to Pike Road; W. A. McPhaul, from Lumberton, N. C., to Montgomery; F. D. Reynolds, from Philadelphia, Pa., to Montgomery; Don Wilborn (col.), from Anniston, Calhoun county, to Montgomery.

Moved out of the county—S. A. Billing, from Montgomery to Texas; H. T. Lay, from Montgomery to Colorado; P. P. Salter, from Montgomery to Eufaula, Barbour county; B. D. Smith, from Montgomery to Baltimore, Md.; J. D. Durden, from Montgomery to Anniston, Calhoun county; D. C. Northcross (col.), from Montgomery to Chicago; D. L. Northcross (col.), from Montgomery to Chicago; A. L. Scott, from Montgomery to Bainbridge, Ga.; J. N. Scott, from Montgomery to Bainbridge, Ga.; L. M. Thompkins, from Fitzpatrick to Arizona.

Died—G. P. Waller, Montgomery; I. L. Watkins, Montgomery; Dr. Kirk, Montgomery; G. W. Van Pelt, Montgomery.

Digitized by Google

(52) MORGAN COUNTY MEDICAL SOCIETY, Mobile, 1876.

OFFICERS.

President—Frank Emens.....Trinity
Vice-President—J. Y. Hamil.....Decatur
Secretary-Treasurer—J. L. Gunter.....Albany
County Health Officer—B. F. Austin.....Decatur

Censors—F. L. Chenault, Chairman, Albany; T. J. Russell, Somerville, R. F. D.; W. M. Dinsmore, Decatur; R. B. Sherrill, Hartselle; H. C. McRee, Decatur.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Austin, Burton Forsyth, mc univ Alabama 17, State Board 17, Decatur.
Bailey, William Clifford, univ Alabama 06, cb Dallas 06, Decatur.
Booth, William M., mc Vanderbilt 02, cb Limestone 03, Hartsells.
Brindley, T. B., mc Georgia Eclectic 91, cb 00, Hartselle, R. F. D.
Buchanan, Roy M., mc univ Tennessee 00, cb Madison 00, Albany.
Burch, John T., mc Birmingham 06, Lawrence 06, Danville.
Carswell, Fountain L., mc George Washington 06, cb Morgan 07, Albany.
Chenault, Calvin Sidney, mc Birmingham 97, cb Lawrence 97, Albany.
Chenault, Frank L., mc Birmingham 04, cb Lawrence 04, Albany.
Crow, J. W., mc Chattanooga 05, cb 05, Albany.
Dinsmore, William M., mc Birmingham 09, State Board 09, Decatur.
Emens, Frank, mc Louisville Hosp. Col. Med. 98, cb 98, Trinity.
Emens, William, mc Louisville 05, cb 05, Trinity.
Grayson, Ambrose Tilden, mc Chattanooga 06, State Board 06, Albany.
Greer, Hugh Dixon, mc Birmingham 10, State Board 10, Decatur.
Gunter, Joseph Leon, mc Memphis Hosp. 94, cb Pickens 94, Albany.
Hamil, James Young, mc univ Alabama 16, State Board 16, Decatur.
Lovelady, William H., mc univ Alabama 97, cb 97, Hartsells.
Murray, Michael William, mc McGill univ 90, cb 90, Albany.
McRee, Hugh Clark, mc Nashville 98, State Board 02, Decatur.
Petty, Frank Paul, mc Vanderbilt 92, cb Limestone 92, Albany.

Digitized by Google

Roan, Omer M., mc Vanderbilt 17, State Board 18, Albany.
Russell, Thomas Jackson, mc univ Alabama 04, cb 04, Somerville, R. F. D.
Sherrill, Richard Byrd, mc Alabama 90, cb 94, Hartsells.
Sherrill, John Doke, mc Birmingham 15, State Board 17, Hartsells.
Stringer, William Lowe, mc Chattanooga 04, cb 04, Falkville.
White, Arthur Marion, mc Birmingham 09, State Board 10, Hartsells.
Total, 27.

PHYSICIANS NOT MEMBERS.

Cashin, Newlyn E. (col.), mc Howard 08, State Board 08, Decatur.
Peck, Cicero Fain, mc Memphis Hosp. 90, cb 90, Somerville.
Steers, Willis Edward (col.), mc univ Michigan 88, cb Montgomery 88, Decatur.
Turney, Joseph Simpson, mc Vanderbilt 82, cb 82, Hartsells.
Vann, Thomas Pack, mc Grant univ 06, cb 06, Eva.
Wilhite, S. M., mc Memphis Hosp. 91, cb 91, Falkville.
Total, 6.

Moved into the county—O. M. Roan, Albany, first location; J. Y. Hamil, from Troy to Decatur; T. P. Vann, from Cullman to Eva.
Died—F. B. Hunter, September, 1919; A. R. Wilson.

---

(53) PERRY COUNTY MEDICAL SOCIETY, Montgomery, 1875.

OFFICERS.

President—R. B. Pryor.....Sprott
Vice-President—S. A. Gordon.....Marion
Secretary-Treasurer—J. B. Hatchette.....Marion
County Quarantine Officer—C. B. Robinson.....Marion

Censors—J. B. Hatchette, Chairman, Marion; C. B. Robinson, Marion; R. C. Hanna, Marion; Ed. Swann, Marion; F. F. James, Uniontown.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Coleman, Solon L., mc Tulane 98, cb Marengo 99, Uniontown.
Fuller, Emmett Lee, mc univ Alabama 00, cb Dallas 01, Perryville.

Digitized by Google

Gordon, Samuel A., mc Alabama 95, cb Lowndes 95, Marion.
Hanna, Robert Cunningham, mc Louisville Hosp. Col. Med. 02, cb 02, Marion.
Hatchette, James Benton, mc Vanderbilt 90, cb Limestone 90, Marion.
James, Francis T., mc Vanderbilt 07, State Board 07, Uniontown.
Jones, Thomas J., mc Birmingham 15, State Board 18, Morgan Springs.
Mason, David Adams, mc Maryland 04, cb Chilton 04, Felix.
Pryor, Robert B., mc Tulane 05, cb Dallas 06, Sprott.
Robinson, Cornelius B., mc Louisville 92, cb Lowndes 92, Marion.
Swann, Edward, mc Kentucky School of Med. 95, cb 95, Marion.
Total, 11.

PHYSICIANS NOT MEMBERS.

Gass, William David, mc Birmingham 06, cb Pickens 06, Marion.
Stewart, Charles Jefferson, mc Alabama 94, cb Bibb 94, Heiberger, R. F. D.
Tucker, James Buchanan, mc Vanderbilt 79, cb 79, Heiberger, R. F. D.
White, Phillip Henry (col.), mc Illinois Med. Col. 04, State Board 04, Uniontown.

Moved into the county—W. D. Gass, from Pickensville, Pickens county, to Marion.

Died—W. T. Downey.

---

(54) PICKENS COUNTY MEDICAL SOCIETY, Eufaula, 1878.

OFFICERS.

President—S. H. Hill.....Carrollton
Vice-President—L. C. Davis.....Gordo
Secretary-Treasurer—C. B. Lavender.....Reform

Censors—C. B. Lavender, Chairman, Reform; T. R. McLellen, Aliceville; S. H. Hill, Carrollton; V. Savage, Gordo; A. B. Price, Gordo.

Digitized by Google

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Davis, John Lewis, mc Vanderbilt 91, cb Tuscaloosa 91, Gordo.
Davis, Lewis Clifton, mc Atlanta 15, State Board 15, Gordo.
Duncan, William Wallace, mc Birmingham 00, cb Fayette 00, Aliceville.
Hill, Edward Pickett, mc univ Alabama 01, cb 01, McShan.
Hill, Hugh Wilson, mc univ Alabama 04, cb 04, Carrollton.
Hill, Samuel Henry, mc univ Louisville 70, cb Tuscaloosa 78, Carrollton.
Lavender, Claud B., mc Memphis Hosp. 08, State Board 09, Reform.
McLellan, Thomas Roy, mc Memphis Hosp. 03, cb 03, Aliceville.
Price, Albert Bascom, mc Alabama 98, cb 99, Gordo.
Savage, Victor, mc Vanderbilt 89, cb Fayette 89, Reform, Rt. 3.
Snoddy, Ephriam Alex, mc Alabama 97, cb Lamar 97, Aliceville. Rt. 1.
Wimberly, Gilbert B., mc Alabama 02, cb Lamar 92, Reform.
Total, 12.

PHYSICIANS NOT MEMBERS.

Agnew, James Alexander, mc Alabama 74, cb 78, Ethelsville, Rt. 1.
Bell, William Stillman, mc univ Alabama 06, cb 06, Gordo.
Clarke, Samuel, mc ....., cb ....., Dancy.
Cook, T. H. G., mc ....., cb ....., Cochrane.
Dodson, Walter Lee, mc univ Alabama 06, cb 06, Reform (retired).
Duncan, John Francis, mc Alabama 74, cb 78, McShan.
Jones, Lee G., mc Georgia 96, illegal, Aliceville.
Kirk, Albert Thomas, mc Memphis Hosp. 02, cb 02, Gordo, Rt. 2.
Moody, Joseph, mc Kentucky 71, cb 78, Aliceville.
Shackleford, Walter Lee, mc Memphis 13, State Board 08, Gordo, Rt. 1.
Spruill, George Edward, mc Memphis Hosp. 01, cb 02, Ethelsville,
Upchurch, Harvey B., mc Alabama 92, cb 92, Carrollton.
Walker, Ardis M., mc univ Alabama 11, State Board 11, Carrollton.
Wooley, C. Morgan, mc univ Alabama 93, cb Chilton 93, Lathrop.
Total, 14.

Moved into the county—A. M. Walker, from Nitrate Plant No. 2, Sheffield, to Carrollton.

Moved out of the county—A. K. Collins, from Reform to Blocton; E. B. Durrett, from Ethelsville to Bessemer; W. D. Gass, from Pick-

Digitized by Google

ensville to Marion, Perry county; L. T. Kirkpatrick, from Carrollton to Jefferson county; W. T. Stokes, from Ethelsville to New Mexico.

---

(55) PIKE COUNTY MEDICAL SOCIETY, Eufaula, 1878.

OFFICERS.

President—J. M. Watkins.....Troy
Vice-President—J. D. Johnston.....Brundidge
Secretary—J. W. Beard.....Troy
Treasurer—E. G. Ford.....Troy
County Health Officer—T. F. Wickliffe.....Troy

Censors—W. B. Sanders, Chairman, Troy; J. S. Beard, Troy; W. S. Sanders, Troy; G. C. Reynolds, Brundidge.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bean, James Frank, mc Tulane 10, State Board 10, Brundidge.
Beard, James Wiley, mc Tulane 13, State Board 14, Troy.
Beard, Josephus Simmons, mc univ New York 76, cb Pike 79, Troy.
Beard, Robert Briggs, mc Tulane 13, State Board 13, Troy.
Boyd, Lee Roy, mc univ Alabama 87, cb Pike 87, Troy.
Brown, Pugh Ulpian, mc Tulane 95, cb Pike 95, Troy.
Edge, Oscard Nelson, mc P. & S. Atlanta 10, State Board 10, Troy, Rt. 2.
Ford, Elchanah Gardner, ng, cb Pike 78, Troy.
Gachet, Neece Lewis, mc univ Alabama 14, State Board 14, Banks.
Grant, Charles Augustus, mc univ Tennessee 08, State Board 12, Linwood, Rt. 1.
Johnson, John Davis, mc P. & S. Atlanta 00, cb Pike 01, Brundidge.
Loflen, Hiram Davis, mc univ Alabama 04, cb Pike 04, Troy, Rt. 5.
McEachern, Conley Pinkney, mc univ Alabama 96, cb Pike 96, Banks.
McKnight, Thomas Dawson, mc univ Alabama 12, State Board 14, Brundidge.
Minchener, Will Henry, mc Baltimore 05, cb Pike 05, Troy.
Reynolds, Grover C., mc Tulane 11, State Board 11, Brundidge.
Sanders, J. Gillis, mc Tulane 13, State Board 13, Troy.

Digitized by Google

Sanders, William Bryan, Atlanta Southern 85, cb Pike 85, Troy.
Sanders, William Shelby, mc Vanderbilt 92, cb Pike 92, Troy.
Stallings, Homer Sylvanus, mc P. & S. Atlanta 02, cb Pike 02, Troy.
Watkins, James Monroe, mc Vanderbilt 94, cb Pike 94, Troy.
Weedon, Hamilton Moore, mc univ Alabama 91, cb Barbour 91, Troy.
Wickliffe, Thompson Flournoy, mc Tulane 03, Troy.
Kyzar, J. Hugh, mc Tulane 13, State Board 13, Goshen.
Cowles, Thomas DeWitt, mc univ Alabama 18, State Board 18, Troy.
Rowe, J. Flournoy, mc univ Alabama 17, State Board 17, Brundidge.
Total, 26.

PHYSICIANS NOT MEMBERS.

Brewer, James A. (col.), mc Leonard 09, State Board 09, Troy.
Broach, Francis Morris, mc Atlanta 90, cb Pike 90, Ansley.
Crowder, John Wade, mc univ South 08, State Board 08, Linwood.
Dennis, Solomon H., mc univ Graffenberg 58, cb Pike 78, Ansley, R. F. D.
Innis, Samuel B. (col.), mc Meharry 05, State Board 05, Troy.
Reynolds, James W., mc univ Alabama 85, cb Pike 86, Brundidge.
Salter, Ernest F., mc univ Tennessee 98, cb Pike 98, Perote, R. F. D.
Total, 7.

Moved into the county—T. D. Cowles, first location; J. F. Rowe, first location; T. F. Wickliffe, from Kentucky to Troy.

Moved out of the county—Huey Watson, from Brundidge to Clayton, Rt. 5, Barbour county; J. Y. Hamil, from Troy to Decatur, Morgan county.

Died—R. C. Dickerson, Brundidge.

---

(56) RANDOLPH COUNTY MEDICAL SOCIETY, Eufaula, 1878.

OFFICERS.

President—J. C. Swann.....Wedowee
Vice-President—J. M. Welch.....Wadley
Secretary-Treasurer—W. W. Stevenson.....Roanoke
County Quarantine Officer—F. R. Mashburn.....Wedowee

Digitized by Google

Censors—C. E. Ford, Chairman, Roanoke; J. T. Striplin, Roanoke; J. C. Swann, Wedowee; W. W. Stevenson, Roanoke; J. M. Welch, Wadley.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bonner, William Wallace, mc Atlanta Southern 92, cb 92, Rock Mills.
Clardy, Andrew Jackson, mc Chattanooga 00, cb Clay 01, Wadley.
Denny, Thomas H., mc Atlanta 15, State Board 15, Wadley.
Ford, Charles Edward, mc Atlanta1 4, State Board 14, Roanoke.
Gay, Andrew Jackson, mc Chicago M. & S. 13, State Board 14, Roanoke.
Gross, Charles M., mc Alabama 08, State Board 08, Wedowee, R. F. D.
Hood, Joseph Robertson, mc Oglethorpe Savannah 57, cb 85, Wedowee.
Hooper, John W., mc Jefferson 84, cb Tallapoosa 84, Roanoke.
Liles, John P., mc Birmingham 98, cb Chambers 98, Roanoke.
Lovvorn, Robert C., mc Atlanta 12, State Board 12, Newell.
Manley, John Radney, mc Memphis Hosp. 13, State Board 20, Roanoke.
Mashburn, Fred Ross, mc Atlanta Southern 11, State Board 12, Wedowee.
Stevenson, William Worth, mc univ Alabama 03, cb 03, Roanoke.
Striplin, John Thomas, mc univ Georgia 99, cb 99, Roanoke.
Swann, Joseph C., mc Atlanta 90, cb Randolph 90, Wedowee.
Welch, James Madison, mc Atlanta Southern 97, cb 97, Wadley.
Wright, Columbus B., mc Atlanta 98, cb 98, Wedowee.
Total, 17.

PHYSICIANS NOT MEMBERS.

Gauntt, Elbert Tillman, mc Atlanta 76, cb 84, Lineville, R. F. D.
Haynes, Robert C., mc Chattanooga 06, cb 07, Graham.
Jordan, Charles C., mc Atlanta Southern 84, cb Randolph 97, Malone.
LeGare, Julien Kent, mc univ New York 86, cb Greene 87, Roanoke.
Taylor, James Rachford, mc Atlanta 98, cb 98, Wedowee, Rt. 2.
Traylor, George Washington, mc univ Georgia 91, cb 94, Lamar.
Trent, P. Glover, mc Atlanta 88, cb 88, Roanoke.
Total, 7.

Digitized by Google

Moved into the county—J. R. Manley, from Frolona, Georgia, to Roanoke.

Died—H. B. Disharoon, Roanoke, February 13, 1920, of chronic nephritis and myocarditis.

---

(57) RUSSELL COUNTY MEDICAL SOCIETY, Tuscaloosa, 1887.

OFFICERS.

President—W. T. Joiner.....Pittsview
Secretary-Treasurer—R. C. Prather.....Girard
County Quarantine Officer—Sheriff H. T. Ragland.....Seale

Censors—John Prather, Chairman, Seale; R. F. Elrod, Girard; F. G. Hendrick, Hurtsboro; R. B. McCann, Seale; W. T. Joiner, Pittsview.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Allen, Arthur Redding, mc Atlanta 97, cb 98, Fort Mitchell, R. F. D.
Carey, James M., mc Louisville Hosp. 06, cb 07, Opelika, R. F. D. (Marvyn).
Elrod, Robert Franklin, mc Chattanooga 05, cb 05, Girard.
Hendrick, Frank Gustavus, mc univ Louisville 04, cb Pike 94, Hurtsboro.
Hendrick, Walter Branham, mc univ Louisville 90, cb Pike 90, Hurtsboro.
Joiner, William Thomas, mc Atlanta 91, cb 91, Pittsview.
McCann, Richard Bennett, mc Atlanta 11, State Board 11, Seale.
Prather, John, mc univ Alabama 09, State Board 09, Seale.
Prather, Robert Clark, mc Alabama 98, cb 98, Girard.
Williams, Ralph Chester, mc univ Alabama 10, State Board 10, Hatchechubbee, U. S. P. H. S., Washington, D. C.
Total, 10.

PHYSICIANS NOT MEMBERS.

Morgan, D. E., illegal, Girard.
Paschal, George D., mc univ New York 74, cb 88, Hurtsboro.
Paschal, John, mc Emory 98, cb 98, Hurtsboro.
Total, 3.

Digitized by Google

Moved out of the county—J. W. Mehaffey, from Girard, R. F. D., to Columbus, Ga.; J. P. Norris, from Girard to West Palm Beach, Fla.

Died—L. W. Phillips, Crawford.

---

(58) SHELBY COUNTY MEDICAL SOCIETY, Birmingham, 1877.

OFFICERS.

President—C. T. Acker.....Montevallo
Vice-President—T. O. Smith.....Wilsonvile
Secretary-Treasurer—S. D. Motley.....Calera
County Quarantine Officer—J. C. Chandler.....Columbiana

Censors—E. G. Givhan, Chairman, Montevallo; J. I. Reid, Montevallo, Joel C. Chandler, Columbiana; J. L. Batson, Shelby; B. S. Branham, Columbiana.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Acker, Charles Thomas, mc Birmingham 00, cb 00, Montevallo.
Atkins, James Marion, mc univ South 06, cb Marengo 06, Calera.
Batson, James L., mc Vanderbilt 98, cb 98, Shelby.
Branham, Bolling S., mc Atlanta 16, State Board (reciprocity with Georgia) 19, Columbiana.
Chandler, Joel C., mc univ South 08, cb Etowah 09, Columbiana.
Embry, Jerre Carl, mc Atlanta 89, cb St. Clair 89, Vincent.
Givhan, Edgar Gilmore, mc Alabama 94, cb Chilton 94, Montevallo.
Motley, Samuel D., mc univ Kentucky 03, Tallapoosa 03, Calera.
Peck, Willena, mc Woman's College Baltimore 00, State Board 15, Montevallo.
Reid, John Inzer, mc Nashville 06, cb Blount 06, Montevallo.
Smith, Thomas O., mc Nashville, ng, cb Bibb 07, Wilsonville.
Williams, John Hartford, mc Louisville 75, cb 78, Columbiana.
Williamson, John S., mc Vanderbilt 04, Chilton 04, Helena.
Total, 13.

PHYSICIANS NOT MEMBERS.

Acker, J. W., old law, cb Tuscaloosa 78, Montevallo.
Arthur, J. W., ng, Vincent.

Digitized by Google

Boyer, J. B., mc Louisville 92, cb Shelby 92, Wilsonville.
Curtis, Robert C., mc Memphis Hosp. 01, cb 01, Siluria.
Cowden, Arthur McClung, mc univ Alabama 16, State Board 16, Straven.
Hays, William A., mc Alabama 87, cb Shelby 87, Helena.
Lawley, A. J., ng, Sterrett.
Pate, Earl Emmett, mc Vanderbilt 17, State Board (reciprocity with Tennessee) 19, Acton.
Pugh, Braxton Bragg, mc univ Alabama 89, cb Clarke 89, Boothton. Total, 9.

Moved into the county—B. S. Branham, from Rome, Ga., to Columbiana; A. M. Cowden, from Mobile county to Staven; E. E. Pate, from Blountsville, Blount county, to Acton.

Moved out of the county—H. L. Cunningham, from Acton to Acmar, St. Clair county; J. L. Hudnall, from Maylene to .....

---

(59) ST. CLAIR COUNTY MEDICAL SOCIETY
Eufaula, 1878.

OFFICERS.

President—W. F. Vandergriff.....Branchville
Vice-President—W. G. Willbanks.....Odenville
Secretary-Treasurer—B. M. Clayton.....Springville

Censors—B. M. Clayton, Chairman, Springville; W. G. Willbanks, Odenville; W. F. Vandergriff, Branchville; J. L. Jordan, Ashville; J. T. Brown, Ragland.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Beason, William A., mc P. & S. Baltimore 93, cb 93, Asheville.
Brown, Jackson Tucker, mc Birmingham 97, cb 98, Ragland.
Cason, Davis Elmore, mc univ Nashville 70, cb 78, Odenville.
Clayton, Bonnar M., mc Chattanooga 08, State Board 08, Springville.
Clayton, Edward C., mc Birmingham 10, State Board 10, Acmar.
Cooke, William P., mc univ South 00, cb 07, Odenville.
Cunningham, Horace L., mc Vanderbilt 10, State Board 10, Margaret.

Digitized by Google

Gray, Jesse Olonzo, mc Atlanta Southern 93, cb Clay 94, Pell City.
Hamilton, Walter F., mc Birmingham 07, State Board 13, Pell City (U. S. Army).
Jordan, James Lafayette, mc Birmingham 11, State Board 12, Ashville.
Martin, John Howard, mc univ Alabama 99, cb Blount 99, Ragland.
Martin, Robert A., mc Vanderbilt 01, cb 01, Pell City.
Merriam, Sidney A., mc univ Nashville 11, State Board 15, Steele.
Roberson, John T., mc Birmingham 03, cb 03, Sedden.
Turner, James Perry, mc Birmingham 00, cb 00, Cropwell.
Vandergrift, Washington Frank, mc Tulane 80, cb 80, Branchville.
Wilbanks, J. G., mc Birmingham 13, State Board 13, Odenville.
Total, 17.

Moved into the county—H. L. Cunningham, from Acton, Shelby county, to Margaret.

Moved out of the county—H. B. Burwell, to New York; R. L. McClellen, to Texas; D. T. Boozer, from Coal City to Anniston; M. L. Goff, from Pell City to Mobile; M. W. Laney, from Eden to Randolph, Bibb county; J. H. Jones, from Ragland to Rome, Ga.

---

(60) SUMTER COUNTY MEDICAL SOCIETY, Mobile, 1876.

OFFICERS.

President—J. F. Jones.....Cuba
Vice-President—R. L. Young.....Panola
Secretary-Treasurer—W. J. McCain.....Livingston
County Health Officer—J. S. Hough.....Livingston

City Health Officers—R. E. Harwod, Gainesville; J. A. Mims, Epes; W. J. McCain, Livington; J. C. McDaniel, York; J. F. Jones, Cuba.

Censors—W. J. McCain, Chairman, Livingston; D. S. Brockway, Livington; J. P. Scales, Livingston; A. L. Vaughan, Cuba.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Allen, Walter Earl, mc Alabama 16, State Board 16, Ward.
Brockway, Dudley Samuel, mc Jefferson 81, cb 81, Livingston.

Digitized by Google

Hale, Robert Eugene, mc Chattanooga 04, cb Cullman 04, Bellamy.
Hale, Robert Haddon, mc univ Louisville 79, cb 80, York.
Harwood, Robert Ellyson, mc Alabama 00, cb 00, Gainesville.
Hester, Forest Lee, mc univ Tennessee 06, cb 06, Coatopa, R. F. D.
Jones, Joseph Francis, mc Atlanta 01, cb Jefferson 01, Cuba, Rt. 1.
Moore, Ernest Abram, mc Louisville 06, cb Hale 06, Coatopa.
McCain, William Jasper, mc Alabama 91, cb 91, Livingston.
McDaniel, Joseph Columbus, mc Alabama 04, cb 04, York.
Minus, Joseph A., mc Birmingham 08, State Board 08, Epes.
Scales, John Perkins, mc Louisville 97, cb 97, Livingston.
Vaughan, Amos Lemuel, mc univ Louisville 84, cb 84, Cuba.
Young, Robert L., mc Alabama 88, cb Choctaw 88, Panola.
Total, 14.

PHYSICIANS NOT MEMBERS.

Boyd, Austin Francis, mc Alabama 14, State Board 14, Emelle.
Gibbs, Jesse Augustus, mc Alabama 07, cb Sumter 07, Gainesville.
Hall, Thomas Owen, mc Alabama 03, cb 03, Ward.
Hearn, W. T., mc Louisville 82, cb Sumter 82, York.
Jones, B. T., mc Alabama 86, cb 86, Geiger.
Knighton, Thomas A., mc Louisville 89, cb Choctaw 90, York.
Manley, Richard Sabine, mc Northwestern univ 05, State Board (reciprocity with Illinois) 19, Epes.
Miller, James Kearney, mc Nashville 05, cb Jefferson 05, Epes.
Reed, John H. G., mc univ Louisville 90, cb Pickens 90, Epes.
Spratt, Robert D., mc Tulane 02, retired P. H. S., Livingston.
Swain, Simeon Sebastion, mc Alabama 01, cb 01, Emelle.
Wrenn, W. J., mc univ Alabama 08, State Board 08, Sumterville.
Total, 12.

Moved into the county—R. S. Manley, from Illinois to Epes.

Digitized by Google

(61) TALLADEGA COUNTY MEDICAL SOCIETY, Anniston, 1886.

OFFICERS.

President—F. H. Craddock.....Sylacauga
Vice-President—J. A. Sims.....Renfroe
Secretary—W. E. Burt.....Talladega
Treasurer—D. B. Harris.....Munford
County Health Officer—W. E. Burt.....Talladega

W. E. Burt elected city health officer of all municipalities within county with following assistants: Carl B. Welch, Talladega; W. H. Boozer, Sylacauga; W. H. Hutchinson, Childersburg; J. H. Hill, Lincoln; D. B. Harris, Munford; A. W. Graves, Ironaton; E. S. Miller, Gantts Quarry; A. W. Lane, Mignon; J. O. Handley, Sycamore.

Censors—C. L. Salter, Chairman, Talladega; F. H. Craddock, Sylacauga; J. P. Colvin, Lincoln; B. B. Warwick, Talladega; B. B. Simms, Talladega.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Boozer, W. H., mc Atlanta 09, State Board 09, Sylacauga.
Boyd, Fred W., mc Alabama 06, cb Talladega 06, Talladega.
Burt, William Elbert, mc Tulane 06, State Board 05, Talladega.
Casey, Walter G., mc univ South 06, cb Marshall 06, Talladega.
Cason, Eugene P., mc Alabama 90, cb St. Clair 90, Talladega.
Castleman, Howell Lea, mc univ South 01, cb Hale 01, Sylacauga.
Colvin, James Pickett, mc Kentucky School Med. 91, cb Macon 91, Lincoln.
Craddock, Felix Hood, mc Vanderbilt 95, cb 95, Sylacauga.
Craddock, French H., mc Tulane 12, State Board 14, Sylacauga.
Dixon, Duncan Patterson, mc Tulane 01, cb 01, Talladega.
Graves, Alex W., mc univ Alabama 16, State Board 16, Ironaton.
Handley, John O., mc Memphis Hosp. 04, cb Marion 04, Sycamore.
Harris, John O., mc Memphis Hosp. 04, cb Marion 04, Sycamore.
Harris, Daniel Blake, mc Atlanta Southern 99, cb 99, Munford.
Heacock, John W., mc Tulane 66, cb 86, Talladega.
Hill, James H., mc Birmingham 09, State Board 09, Lincoln.
Hutchinson, William H., mc Chattanooga 93, cb St. Clair 97, Childersburg.

Digitized by Google

Lane, Albert W., mc Atlanta 06, State Board 10, Lincoln.
Miller, Eugene S., ng, State Board 08, Gantt's Quarry.
Moore, Carey W. C., mc Birmingham 13, State Board 14, Talladega.
McLaurin, Bernard, mc Birmingham 10, State Board 10, Lincoln.
Naff, John M., mc Vanderbilt 85, cb Jefferson 85, Alpine.
Porch, Ralph Douglas, mc univ Louisville 07, cb Tallapoosa 07, Sylacauga.
Pruet, Madison Jasper, mc Memphis Hosp. 96, cb Clay 96, Childersburg.
Salter, Clarence L., mc univ Alabama 11, State Board 11, Talladega.
Shaddix, Marion Leonard, mc univ Alabama 10, State Board 10, Jenifer.
Simms, Benjamin Britt, mc Jefferson 85, cb Coosa 86, Talladega.
Sims, James Anthony, mc univ Nashville 07, cb 07, Renfro.
Warwick, Bishop B., mc Tulane 02, cb 02, Talladega.
Welch, Carl B., mc Atlanta 06, cb Chambers 06, Talladega.
Welch, Samuel Wallace, mc P. & S. Baltimore 93, cb 93, official residence Montgomery.
Wood, Isaac D., mc univ South 02, cb 02, Sylacauga.
Total, 32.

HONORARY MEMBER.

Sharp, W. K., Jr., mc P. & S. Atlanta 13, Georgia State Board 13, U. S. P. H. S., Talladega.

PHYSICIANS NOT MEMBERS.

Brooks, Alpheus Olin, mc Atlanta 87, cb Clay 87, Lincoln, Rt. 1.
Brothers, Warren H. (col.), mc Meharry 08, State Board 08, Talladega.
Brummit, W. H., mc Meharry 04, cb 04, Talladega.
Coker, W. F., ng, cb 87, Lincoln.
Jones, Elisha Henry, univ West Tennessee 09, State Board 09, Talladega.
Lane, Henry Bascom, mc Atlanta 95, cb Marion 95, Sylacauga.
Ware, John Benjamin, ng, cb Clay 88, Sylacauga.
Wren, Edward Bates, mc Alabama 90, cb 90, Talladega.
Total, 8.

Digitized by Google

Moved into the county—A. W. Graves, from Ashland to Ironaton; T. H. Payne, to Talladega Springs; M. L. Shaddix, from Ashland to Jenifer.

Moved out of the county—E. M. Sasville, from Ironaton to Mobile; M. E. Sherrer, from Childersburg to U. S. P. H. S. (New Orleans); A. K. Whetstone, from Sylacauga to Goodwater, Rt. 3, Coosa county.

---

(62) TALLAPOOSA COUNTY MEDICAL SOCIETY, Selma, 1879.

OFFICERS.

President—A. J. Sanders.....Notasulga
Vice-President—W. D. Wood.....Camp Hill
Secretary-Treasurer—W. E. Maxwell.....Alexander City
County Quarantine Officer—W. D. Wood.....Camp Hill

City Health Officers—W. D. Wood, Camp Hill; J. W. McClendon, Dadeville; E. K. Hodge, Daviston; W. E. Maxwell, Alexander City.

Censors—A. L. Harlan, Chairman, Alexander City; J. W. McClendon, Dadeville; H. T. Hamner, Camp Hill; S. H. Newman, Dadeville; J. A. Goggans, Alexander City.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Allen, Larcus B., mc Tulane 12, State Board 13, Alexander City.
Banks, Michael Joseph, mc Atlanta 90, cb ...., Jackson's Gap.
Banks, Joseph Todd, mc Atlanta P. & S. 13, State Board 13, Dadeville, Rt. 4.
Carleton, W. G., mc Vanderbilt 82, cb 82, Dadeville.
Chapman, James A., mc Alabama 05, cb 05, Alexander City, Rt. 7.
Fargason, Crayton C., mc P. & S. Atlanta 04, cb 04, Dudleyville.
Foshee, Reuben A., mc Alabama 07, cb 07, Alexander City, Rt. 5.
Hamner, Harper Taliaferro, mc Vanderbilt 89, cb Chambers 90, Camp Hill.
Hamner, Lewis Herschel, mc Vanderbilt 16, State Board 16, Camp Hill.
Harlan, Aaron LaFayette, mc Alabama 86, cb 86, Alexander City.
Hart, Eugene Walker, mc univ Baltimore 91, cb 91, Dadeville, Rt. 1.
Hodge, Emory King, mc Atlanta School Med. 09, State Board 09, Daviston.

Digitized by Google

Langley, W. Theodore, mc Alabama 99, cb 99, Camp Hill.
Maxwell, William Elmore, mc Jefferson 85, cb 85, Alexander City.
Motley, Joseph Pendleton, mc Atlanta 86, cb 86, Wadley, R. F. D.
Newman, Samuel Harris, mc Memphis Hosp. 98, cb Chambers 98, Dadeville.
Nolen, Isaac D., mc Louisville 92, cb Coosa 92, Alexander City, Rt. 5.
Radford, George Clements, ng, cb Clay 87, Alexander City, Rt. 2.
Reagan, Onslow, ng, cb 82, Alexander City.
Sanders, Andrew Jordan, mc univ Tennessee 94, cb Chambers 94, Notasulga, Rt. 1.
Shepard, Orlando Tyler, mc Gaffenberg 61, cb 82, Dadeville.
Street, Thomas Hezekiah, mc Jefferson 00, cb 00, Alexander City.
Vines, George Washington, mc Tulane 72, cb 82, Dadeville.
Waddell, Henry G., mc Vanderbilt 14, State Board 14, Dadeville.
Walls, J. J., mc univ Alabama 16, State Board 16, Alexander City.
Warren, William Allen, mc Alabama 85, cb Elmore 85, East Tallassee.
Wood, Wiley Dennis, mc Alabama 08, State Board 09, Camp Hill.
Total, 27.

PHYSICIANS NOT MEMBERS.

Jowers, Soloman F., mc Atlanta 85, cb Coosa 85, Daviston.
Coker, Robert Harold, mc univ Alabama 14, State Board 15, East Tallassee.
Total, 2.

Died—J. A. Goggans, Alexander City; J. W. McClendon, Dadeville.

---

(63) TUSCALOOSA COUNTY MEDICAL SOCIETY, Birmingham, 1877.

OFFICERS.

President—J. H. Somerville.....Tuscaloosa
Vice-President—R. C. Partlow.....Tuscaloosa
Secretary-Treasurer—W. G. Shamblin.....Tuscaloosa
County Health Officer—A. A. Kirk.....Tuscaloosa
City Health Officer—A. A. Kirk.....Tuscaloosa

Digitized by Google

Censors—T. H. Patton, Tuscaloosa; George Searcy, Tuscaloosa; George R. Rau, Tuscaloosa; J. E. Shirley, Tuscaloosa; D. W. Ward, Tuscaloosa.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bealle, James S., mc univ Nashville 06, cb Tuscaloosa 06, Brookwood.
Bell, Charles P., mc univ Nashville 03, cb Tuscaloosa 03, Northport.
Boothe, James L., mc Birmingham 11, State Board 11, Buhl.
Carpenter, Burwell S., mc Alabama 05, cb Pickens 05, Yolande.
Cooper, Joseph H., mc Grant 04, cb Cullman 04, Tuscaloosa.
Cork, Cornelius L., mc Memphis 04, cb Greene 04, Jena.
Davis, James F., mc Alabama 07, cb Hale 07, Tuscaloosa.
Deal, William W., mc univ Alabama 04, cb Mobile 04, Buhl.
Elgin, Clarence E., mc Nashville 05, cb Tuscaloosa 07, Searles.
Faulk, William Mark, mc Alabama 97, cb Barbour 97, Tuscaloosa.
Fitts, Alston, mc P. & S. New York 95, cb Tuscaloosa 00, Tuscaloosa.
Hall, George Washington, mc Birmingham 14, State Board 14, Buhl.
Hardin, Samuel T., mc Alabama 14, State Board 14, Northport.
Harris, E. N., mc Birmingham 07, cb Lamar 07, Richey.
Hausman, Christopher Pfeiffer, mc univ Alabama 10, State Board 10, Vance, R. F. D.
Hausman, Frank, mc Alabama 93, cb Tuscaloosa 93, Tuscaloosa.
Killian, Artemus D., mc univ South 01, cb DeKalb 01, Tuscaloosa, Rt. 1.
Kirk, Arthur A., mc Alabama 97, cb Pickens 97, Tuscaloosa.
Lawrence, Toombs, mc Birmingham 12, State Board 12, Tuscaloosa.
Leach, Sidney, mc univ Virginia 96, cb 97, Tuscaloosa.
Maxwell, Joseph Alston, mc Tulane 12, State Board 09, Tuscaloosa.
Mayfield, Surry F., mc Tulane 96, cb Tuscaloosa 96, Tuscaloosa.
Merriam, George C., mc P. & S. Atlanta 02, State Board 02, Kellerman.
Moody, Maxwell, mc Tulane 13, State Board 14, Tuscaloosa.
Nichols, Andrew Berry Crook, mc Philadelphia 69, cb Tuscaloosa 78, Tuscaloosa.
Patton, John Hampton, mc univ Alabama 02, cb 02, Northport.
Patton, Madison Knox, mc Tulane 91, cb Greene 91, Foster.
Patton, Thomas H., mc Tulane 12, State Board 13, Tuscaloosa.

Digitized by Google

Partlow, William D., mc Alabama 01, cb St. Clair 01, Tuscaloosa.
Partlow, Rufus C., mc Birmingham 12, State Board 13, Tuscaloosa.
Price, Earl Sanders, mc Emory univ 16, State Board 16, Tuscaloosa.
Rau, George R., mc univ South 94, cb Tuscaloosa 94, Tuscaloosa.
Rice, Clarence, mc Alabama 95, cb Autauga 95, Tuscaloosa.
Searcy, George H., mc univ Michigan 01, cb Tuscaloosa 01, Tuscaloosa.
Searcy, Harvey Brown, mc univ Michigan 07, cb Tuscaloosa 07, Tuscaloosa.
Shirley, Joseph Emil, cb Alabama 09, cb Tuscaloosa 10, Tuscaloosa.
Shamblin, W. Grover, mc univ Alabama 19, State Board 19, Tuscaloosa.
Sloan, Elihu Frank, mc Emory univ 16, State Board 16, Tuscaloosa.
Sommerville, James H., mc Alabama 06, cb Pickens 06, Tuscaloosa.
Taylor, Charter Howard, mc univ Alabama 18, State Board 18, Tuscaloosa.
Ward, John Hester, mc univ South 00, cb Tuscaloosa 00, Tuscaloosa.
Ward, D. Webster, mc Birmingham 06, cb Tuscaloosa 06, Tuscaloosa.
Wheat, James M., mc univ Nashville 07, cb Tuscaloosa 07, Coker, Rt. 1.
Total, 40.

PHYSICIANS NOT MEMBERS.

Bell, Claud, mc Chattanooga 04, cb Pickens 04, Tuscaloosa.
Cannon, Daniel Pugh, mc Vanderbilt 95, cb Bibb 95, Coaling.
Christian, James S., mc Birmingham 12, State Board 12, Holt.
Deal, Seaborne E., mc univ Alabama 94, cb Tuscaloosa 94, Buhl.
Dixon, Robert Emmett, mc univ Alabama 17, State Board 17, Tuscaloosa.
Doughty, Willie B., mc Louisville 96, cb Fayette 96, New Lexington.
Guin, James C., mc univ Nashville 09, State Board 09, Moores Bridge.
Hagler, Edward C., mc univ Alabama 04, cb 04, Northport.
Hamner, Samuel C., mc univ Alabama 09, State Board 09, Ralph.
Jones, Richard C., mc Montezuma 98, cb Tuscaloosa 98, Yolande.
Milner, George Marvin, mc Birmingham 00, cb Lamar 00, Greely.

Digitized by Google

Mills, Joel, ng, old law, Elrod.
Mitchell, Bruce B. (col.), mc Meharry 03, cb Lamar 03, Tuscaloosa.
McKenzie, Andrew B. (col.), mc Shaw ....., State Board 12, Tuscaloosa.
Norris, James Nathan, mc Nashville 09, State Board 09, Northport.
Owens, John H., mc Memphis 99, cb Tuscaloosa 99, Hagler.
Patton, Robert O'Connell, mc Grant univ 00, cb Pickens 01, Kellerman.
Pruitt, Eba A., mc univ Alabama 00, cb Calhoun 00, Cottondale, Rt. 2.
Scrivner, John Daniel, mc Birmingham 14, State Board 14, Samantha.
Smothers, W. J., mc univ Alabama 85, cb ..... 85, Moores Bridge.
Stewart, Oscar E., mc Chattanooga 06, cb 06, New Lexington.
Weaver, George A., mc Howard 97, cb 98, Tuscaloosa.
Total, 22.

Moved into the county—W. G. Shamblin, first location; J. H. Patton, from Ariton to Northport; R. C. Jones, from Jefferson county to Yolande; J. D. Scrivener, from Madison county to Samantha.

Moved out of the county—L. W. Grove, from Tuscaloosa to Atlanta, Ga.; W. E. Kay, from Tuscaloosa to Camp Hugh, Bibb county; C. P. Martin, from Rock Castle to Texas.

Died—J. T. Searcy, Tuscaloosa; C. C. Brown, Coker.

---

(64) WALKER COUNTY MEDICAL SOCIETY, Mobile, 1876.

OFFICERS.

President—H. J. Sankey.....Nauvoo
Vice-President—A. M. Stovall.....Jasper
Secretary-Treasurer—J. L. Sowell.....Jasper
County Health Officer—A. M. Waldrop.....Jasper
City Health Officer—A. M. Waldrop.....Jasper

Censors—J. A. Goodwin, Chairman, Jasper; W. M. Cunningham, Cordova; J. M. Miller, Cordova; A. M. Stovall, Jasper; H. J. Sankey, Nauvoo.

Digitized by Google

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Alexander, James F., mc Vanderbilt 93, cb Colbert 94, Jasper.
Ashmore, Bryant T., mc Grant univ 01, cb Fayette 02, Eldridge.
Auxford, Frank O., mc Atlanta 93, cb Tuscaloosa 95, Quinton.
Ballenger, J. W., Vanderbilt 84, cb Cullman 87, Carbon Hill.
Blanton, Frank, mc Grant univ 03, cb Lamar 06, Saragossa.
Busby, Elias Dempson, mc Birmingham 10, State Board 11, Parrish, R. F. D.
Buzbee, John Everett, mc univ Alabama 08, State Board 10, Bankhead.
Camak, David Hubbard, old law 76, cb 84, Jasper.
Camp, Henry Garson, mc Birmingham 08, State Board 08, Manchester.
Chilton, David Houston, mc Atlanta Col. P. & S. 02, cb 02, Parrish.
Crowe, Pink P., mc univ Nashville 77, cb St. Clair 78, Dora.
Cunningham, William Moody, mc Vanderbilt 84, cb 84, Corona.
Davis, James Haygood, mc univ Alabama 12, State Board 13, Jasper.
Deweese, Thomas Peters, mc Vanderbilt 85, cb 85, Gamble Mines.
Gallagher, John Larkin, mc Alabama 92, cb 92, Eldridge.
Gilder, Clarence Kelley, mc univ Alabama 00, State Board 00, Patton.
Gilder, George Suttle, mc Alabama 93, cb 94, Carbon Hill.
Goodwin, Joseph Anderson, mc Alabama 74, cb 78, Jasper.
Gravlee, William L., mc univ Nashville 82, cb 82, Townley (retired).
Jackson, Charles Beaufort, mc Atlanta 86, cb Tallapoosa 86, Jasper.
Johnson, Harvey Calloway, ng, cb Cullman 80, Nauvoo.
Jones, Giles W., mc Grant univ 01, cb 08, America.
Lovett, William J., mc Birmingham 09, State Board 09, Townley.
Maddox, Stephen Edward, mc Grant univ 01, cb Lamar 01, Carbon Hill.
Manasco, John, mc old law 76, cb 81, Townley.
Manasco, Titus, mc Memphis Hosp. 97, cb 97, Carbon Hill.
Miller, John Melville, mc Vanderbilt 85, cb 85, Cordova.
Moon, J. P., mc Grant univ 99, cb Cullman 00, Cordova.
McCalip, Edwin L., mc univ Nashville 09, State Board 10, Sipsey.
McCullar, James Alexander, mc Vanderbilt 99, cb Winston 99, Carbon Hill.

Digitized by Google

McPherson, Webster B., mc Tulane 07, State Board 12, Gorgas.
Phillips, Alfred B., mc Vanderbilt 83, cb 85, Dora.
Posey, Benjamin Franklin, mc Birmingham 10, State Board 10, America.
Sankey, Howard J., mc univ Alabama 01, cb Choctaw 01, Nauvoo.
Shepherd, R. Herbert, mc Birmingham 10, State Board 10, Townley.
Shores, Sterling S., Jr., mc Birmingham 13, State Board 14, Townley.
Sowell, James Lawrence, mc Tulane 91, cb Monroe 91, Jasper.
Sowell, Walter Scott, mc Alabama 99, cb Tuscaloosa 99, Empire.
Sparks, William A., mc univ Alabama 05, cb Walker 05, Townley.
Stephenson, Hugh Watson, mc Alabama 80, cb Lawrence 88, Oakman.
Stovall, Andrew McAdams, mc Louisville 80, cb 81, Jasper.
Tait, Porter King, mc Birmingham 03, cb Wilcox 03, Dora.
Terry, Lucius Lamar, mc univ Tennessee 16, State Board 16, Dora.
Tubb, Erastus Hardy, mc Grant univ 03, cb 06, Cordova.
Waldrop, Allen Marion, mc univ South 08, State Board 09, Jasper.
Walker, L. M., mc univ Alabama 11, State Board 11, Jasper.
Woods, R. W., mc Louisville 81, cb Fayette 81, Jasper.
Woodson, John Landon, mc Vanderbilt 92, cb 93, Oakman.
Williams, Victor Hugo, mc Birmingham 08, State Board 07, Jasper.
York, Aaron Albert, mc Birmingham 06, cb 06, Empire.
Owens, Herndon Gaines, mc univ Alabama 08, State Board 08, Dora.
Total, 51.

PHYSICIANS NOT MEMBERS.

Buckelew, A. M., mc Louisville univ 70, cb 86, Jasper.
Hendon, A. L., ng, cb 75, Townley.
Odom, Stanley Gibson, mc Birmingham 13, State Board 13, Oakman.
Whitney, Ollie H., mc Louisville 90, cb Fayette 90, Carbon Hill.
Total, 4.

Moved into the county—L. M. Walker, from Burnsville.

Moved out of the county—D. M. Davis, to Sayre, Jefferson county.

Note.—The name of Dr. W. A. Sparks should have been on 1919 list of members.

Digitized by Google

(65) WASHINGTON COUNTY MEDICAL SOCIETY, Tuscaloosa, 1887.

OFFICERS.

President—R. D. Palmer.....Carson
Vice-President—G. C. McCrary.....Wagar
Secretary-Treasurer—W. J. Blount.....Healing Springs
County Quarantine Officer—W. A. Thompson.....Vinegar Bend

Censors—W. A. Thompson, Chairman, Vinegar Bend; G. C. McCrary, Wagar; W. J. Blount, Healing Springs; J. Chason, Chatom.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Blount, William James, mc Alabama 10, State Board 10, Healing Springs.
Chason, John, mc Louisville 05, cb 05, Chatom.
Clarke, William Henry, mc univ Alabama 94, State Board 94, Uniform.
Kimbrough, William E., Jr., mc Alabama 15, State Board 15, St. Stephens.
McCrary, Gaines C., mc Alabama 07, State Board 07, Wagar.
Palmer, Ransom Dabney, mc Tulane 86, cb Wilcox 86, Carson.
Peters, Robert H., mc univ Alabama 94, cb Mobile 94, Yarbo.
Reed, Jesse McCampbell, mc univ Alabama 14, State Board 14, Fairford.
Thompson, William A., mc univ Tennessee 04, cb Baldwin 04, Vinegar Bend.
Webb, Francis Asbury, mc Alabama 81, cb 91, Calvert.
Wood, John Wesley, mc Virginia 60, cb 87, Dunbar.
Wood, Andrew J., mc Alabama 01, cb 01, Millry, Rt. 1.
Total, 12.

Moved into the county—R. H. Peters, from Mobile to Yarbo; W. H. Clarke, from Mobile to Uniform; J. M. Reed, from Chunchula, Mobile county, to Fairford.

Moved out of the county—E. E. Breeland, to Valley Head.

Digitized by Google

(66) WILCOX COUNTY MEDICAL SOCIETY, Eufaula, 1878.

OFFICERS.

President—P. V. Spier.....Furman
Vice-President—C. H. McMillan.....Bellview
Secretary-Treasurer—J. H. Jones.....Camden
County Quarantine Officer—P. V. Spier.....Furman

Censors—C. Bonner, Chairman, Camden; S. S. Boykin, Oak Hill; L. H. Mayo, Pine Hill; L. Moore, Lamison; P. V. Spier, Furman.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bonner, Ernest, mc Bellevue 98, cb 04, Camden.
Boykin, Samuel Swift, mc Alabama 96, cb Mobile 99, Oak Hill.
Burroughs, William M., mc univ Tennessee 91, cb Clarke 92, Pine Hill.
Burson, Ellis G., mc Alabama 06, cb Monroe 06, Furman.
Curtis, Alonzo Bittle, mc Alabama 82, cb 82, Lower Peach Tree.
Donald, Erskin G., mc Alabama 93, cb Butler 93, Pine Apple.
Donald, James G., mc Alabama 01, cb ...., Pine Apple.
Fudge, Walter, mc Alabama 09, State Board 09, Lamison.
Gibson, Albert M., mc Alabama 85, cb 88, Lower Peach Tree.
Godbold, Percy E., mc P. & S. Atlanta 02, cb Marengo 02, Pine Hill.
Jones, J. Hall, mc Alabama 12, State Board 14, Oak Hill.
Jones, J. Heustis, mc Tulane 01, cb 01, Camden.
Jones, Thomas Warburton, mc Columbia univ P. & S. 90, cb 90, Camden.
Jones, Winston B., mc Tulane 01, cb 01, Camden.
Kimbrough, Flavius Franklin, mc Tulane 89, cb 90, Kimbrough.
Mayer, Kossuth A., mc Memphis Hosp. 00, cb 00, Lower Peach Tree.
Mayo, L. H., mc Alabama 06, cb Marengo 06, Pine Hill.
Moore, Will W., mc Vanderbilt 96, cb 96, Camden.
Moore, Zadok, mc Alabama 95, cb 95, Lamison.
McIntosh, E. L., mc Atlanta 02, cb 02, Catherine.
Palmer, W. B., mc Tulane 98, cb Dallas 00, Furman.
Speir, Phillip V., mc Alabama 00, cb 00, Furman.
Speir, Ross C., mc univ Louisville 08, State Board 08, Furman.

Digitized by Google

Jones, J. Paul, Jr., mc Tulane 19, State Board 19, Camden.
Watkins, Clement Cleveland, mc univ Alabama 11, State Board 11, Pine Apple, R. F. D.

Moved into the county—J. P. Jones, Jr., to Camden.

Moved out of the county—C. McMillan, from Bellview to Beatrice, Monroe county; W. B. Jones, from Camden to Utah; Horace Vandevoort, from Gastonburg to Bessemer, Jefferson county; J. D. Perdue, from Furman to Mobile, Mobile county; E. E. Williams, from Ackerville to Enterprise, Coffee county; J. W. Cox, from Furman to Vredenburg, Monroe county.

Died—D. F. Gaston.

---

(67) WINSTON COUNTY MEDICAL SOCIETY, Montgomery, 1888.

OFFICERS.

President—W. R. Bonds.....Double Springs
Vice-President—C. A. Olivet.....Haleyville
Secretary-Treasurer—W. E. Howell.....Haleyville
County Quarantine Officer—R. L. Hill.....Lynn
City Health Officer—M. L. Stephens.....Haleyville

Censors—R. L. Hill, Chairman, Lynn; W. R. Bonds, Double Springs; W. E. Howell, Haleyville; T. M. Blake, Double Springs; C. A. Olivet, Haleyville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Blake, Thomas M., mc univ Nashville 07, cb 07, Double Springs.
Bonds, William Riley, mc Alabama 92, cb 92, Double Springs.
Cornelius, Daniel Richard, mc Atlanta Southern 08, State Board 08, Addison.
Hill, Robert Lee, mc Birmingham 09, State Board 09, Lynn.
Howell, William Edward, mc Birmingham 00, cb 00, Haleyville.
Johnson, William Perry, mc univ Louisville 16, State Board 16, Haleyville.
Olivet, Charles Alonzo, mc univ Nashville 06, cb 06, Haleyville.
Roden, Benjamin Wallace, ng, cb Marion 89, Haleyville.
Stephens, Millard Lafayette, mc Birmingham 09, State Board 09, Haleyville.

Digitized by Google

Taylor, John Walter, mc univ Tennessee 15, State Board 15, Haleyville.
Total, 10.

PHYSICIANS NOT MEMBERS.

Collins, Herbert, mc univ Tennessee 06, cb Marengo 07, Addison.
Snow, William R., mc Chattanooga 08, State Board 13, Fall City.
Statum, Joseph N., mc Southern 88, cb Jefferson 88, Natural Bridge.
Total, 3.

Moved into the county—D. R. Cornelius, from Jefferson county to Addison; Herbert Collins, to Addison; W. P. Johnson, from Trimble, Cullman county, to Haleyville; J. W. Taylor, from Ethridge, Tennessee, to Haleyville.

Died—J. C. Taylor, T. J. Welborn.

Digitized by Google

Digitized by Google

TABLE OF CONTENTS

PART I.

PAGE

I. MINUTES AND PROCEEDINGS OF THE FIRST DAY.

1. Call to order and invocation 3
2. (a) Address of Welcome, Dr. Jerre Watson 3
   (b) Address of Welcome, Mr. C. R. Bell 5
3. Annual Message of President, Dr. J. S. McLester 8
4. Report of Senior Vice-President, Dr. H. S. Ward 12
5. Report of Junior Vice-President, Dr. W. S. Britt 14
6. Report of the Secretary, Dr. H. G. Perry 20
7. Report of the Publishing Committee, Dr. H. G. Perry 21
8. Report of the Treasurer, Dr. J. U. Ray 22
9. Report of State Committee on Mental Hygiene, Dr. W. D. Partlow 31
10. Report of Committe on First Aid, Dr. W. S. Roundtree 32
11. Report of Committee on Social Insurance, Dr. S. W. Welch 33
12. Order of Papers 34
13. Afternoon Session—Miscellaneous business.
    Resolutions by Dr. M. Y. Dabney 35
    Resolutions by Dr. B. L. Wyman 38
14. Order of Papers 36
15. Evening Session—Order of Papers 38

II. MINUTES AND PROCEEDINGS OF SECOND DAY.

1. Order of Papers 40
2. The Jerome Cochran Lecture, Dr. Henry A. Christian 41
3. Paper by Dr. Michael Hoke 43
4. Afternoon Session—
   (a) Report of State Health Officer, Dr. S. W. Welch 44
   (b) County Health Unit, Dr. C. A. Grote 52
   (c) Vital Statistics, Dr. H. G. Perry 54
   (d) Public Health and Professional Ethics, W. C. Blasingame 56
   (e) Reporting Communicable Diseases, Dr. J. L. Bowman 62

Digitized by Google

PAGE

(f) Public Health Nursing, Miss Lint 65
5. Order of Papers 69
6. Evening Session—(Public Session).
(a) Paper by Dr. Felix Underwood, of Mississippi 70
(b) Recent Legislation in Alabama on Public Health and Sanitation, Hon. Henry Merritt 71

III. MINUTES AND PROCEEDINGS OF THIRD DAY.

1. Report of the Board of Censors 78
(a) The President's Message 78
(b) Various Reports 81
(c) Examinations 82
(d) Reciprocity 82
(e) Resolutions, Dabney and Wyman 83
(f) Examinations Held, Statistics of 84
(g) Summary of Finances 86
2. Action on Report of Board of Censors 87
3. Revision of the Rolls 89
4. Election and Installation of Officers 92

IV. VARIOUS ROLLS AND LISTS.

1. Registration in Anniston 96
2. Roll of College of Counsellors, Alphabetically 104
3. Roll of College of Counsellors by Congressional Districts 109
4. Schedule of Annual Sessions and Names of Presidents at Each 114
5. List of Secretaries 115
6. List of Treasurers 115
7. List of Jerome Cochran Lecturers 116
8. Obituary Record 117
9. Revised Roll of Officers 119
10. Revised List of Councils and Standing Committees 121

PART II.

MEDICAL AND SANITARY DISSERTATIONS AND REPORTS (Alphabetically arranged by subjects) 123-262
Angina—Vincent's, Dr. H. B. Searcy 197

Digitized by Google

PAGE

Bright's Disease—With Special Reference to Treatment, Henry A. Christian (Jerome Cochran Lecture) 123
Cancer of Cervix, Dr. M. S. Davie 150
Carcinoma of the Vulva, Dr. Lewis C. Morris 172
Fractures—Treatment of Compound, Dr. R. W. Waldrop 137
Functional Disease—The Pathology of, Dr. E. S. Sledge 212
Gastro-Intestinal Disease—Educating the Patient in the Treatment of, Dr. Seale Harris 234
Goiter—The Indications for Surgery in the Treatment of, Dr. S. L. Ledbetter 193
Hysterectomy—Its Serious Relation to the Vital Economy, Dr. A. W. Ralls 188
Hysterectomy—Vaginal, Dr. J. M. Mason 165
Ileo-Colitis—The Prophylaxis of, Dr. J. Ross Snyder 206
Influenza and Complications as Seen in Industrial Work, Dr. J. G. Wilkinson 259
Influenza—The Relation to Tuberculosis, Dr. E. M. Mason 247
Pain—The Interpretation of Thoracic—Dr. Cabot Lull 226
Paralyses in Infants—Differential Diagnosis of, Dr. W. W. Harper 200
Public Health—Recent Legislation in Alabama, Hon. Henry Merritt 71
Public Health—Report of State Health Officer, Dr. S. W. Welch 44
Public Health—Reporting Communicable Diseases, Dr. J. L. Bowman 62
Public Health—The New Law for the Collection of Vital Statistics, Dr. H. G. Perry 54
Public Health and Professional Ethics, W. C. Blasingame 56
Public Health—The Further Development of a County Health Unit, Dr. C. A. Grote 52
Public Health Work in Mississippi, Dr. Felix J. Underwood 133
Psychoneuroses—The Element of Personal Gain as a Causative Factor, Dr. H. S. Ward 219
Pyelitis—The Roll of Obstructive Lesions of the Ureter in the Production of—Dr. J. N. Baker 175
Transfusion—Blood, Dr. Earl Drennen 143
Tuberculosis—Pulmonary—Differential Diagnosis Between Bronchiatosis and, Dr. Fred Wilkerson 253

Digitized by Google

Part III.

PAGE

LIST OF PHYSICIANS OF STATE, BY COUNTIES, ALPHABETICALLY ARRANGED IN LISTS OF MEMBERS OF COUNTY MEDICAL SOCIETIES AND NON-MEMBERS 270-391

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google